PERMANENT EXACTLY. stated 4 pe 2 should THIS AGE INK supplied. UNFADING carefully WITH be should PLAINLY Information

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PHYSICIANS should of OCCUPATION IS

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DEATH in plain terms, See instructions on back

(Address)

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No. vi RECORD

PLACE OF DEATH Village or City (No. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH (Day) (Month) 7 AGE It LESS than 1 day, brs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS TRUE TO OWLEDGE (Intormant)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)

[It death occurred in a hospital or institution, give its NAME Instead ot street and number.]

MEDICAL	CERTIFICATE O	OF DEATH	
16 DATE OF DEATH	Epr 6		. 1913
	(Month)	(Day)	(Year)
17 I HEREBY	CERTIFY, That	I attended ded	eased Irom
lug 20 19	3 to \$5	wh	1913
	1-11	a of a	
that I last saw have aliv	e on Sept	6tham	1313
and 45 at days		1	IP
and that death occurred or			
The CAUSE OF DEATH*	was as follows		
hente	oll	~	

			~~~~~~
•••••	(Duration)	- vrs	0s 15 ds.
	( )	,	
(Secondary)	***************************************		
	(Duration)	yrsn	10s/ds.
(Signed)	Mal	varia	ма
Nels- 116.3	P:	0/	- hr
18/1 (A)	idrass)	unn	15-1-
State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC	OF INJURY: A	, in deaths from ad (2) whether	VIOLENT ACCIDEN.
18 LENGTH OF RESIDENC	E FOR HOSPITAL	B. INSTITUTIONS.	TRANSIENTS
OH RECENT RESIDENTS			,
At place of death yrs mos	in the	Wro .	
Where was disaase contracted.	us. glate	yrs.,	nos os
If not at placa of death?		***!	
Former or			**************************************
usual rasidence	**********************		00 0x 00 00 00 00 00 00 00 00 00 00 00 0
19 PLACE OF BURIAL OR	REMOVAL	MATE OF B	URIAL
Allast. 1	11111	R. Er	JAINL PA
Markey	ers 40	.54 A	191.3
20 UNDERTAKER	w p	ADDRESS	
	A 10		-6.1

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore ar cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenclascpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrperal scottchac cause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: FOF VIO



PLACE OF DEATH 12001	STATE OF MARYLAND CERTIFICATE OF DEATH
County allegury	Registration Dist, No.
Village or City Arhaconing (No	St.; Ward)    St.; Ward   [It death occorred in a hospital or lostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SAINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH THE WORLD (Write the WORL)  6 DATE OF BIRTH  May 29, 1881  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, to 1913.
TAGE    If LESS than f day,hrs. ormia.?	and that death occurred on the date stated above, at 1/30 km, The CAUSE OF DEATH* was as follows:  Chronic for enchymators Hiphyd
particular kind of work  (b) Geoeral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (State or country)	(Duration) yrs. 8 mos. 12 ds.  Contributory (Secondary)
OF FATHER OF MALLOWING TO STATE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) MACONING MINOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease confracted, it oot at place of death?  Former or
(Address). Landening  15  Filed Eff 13., 198 College  REGISTRAR  If more blanks are needed, address State Registra.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER OF BURIAL  ADORESS  ADORESS

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-- heart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: cause for



V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Permet A. (No. 166, C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale Hile Spingle, Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended decessed from
(Mouth) (Day (Year)	that I last ssw her alive on Sept. 29 1913
7 AGE  1 LESS than 1 day, hrs.  OR min.?	and that desth occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Michigan Country	Contributory Infantile paralysis Secondary
10 NAME OF FATHER CENTER BECKS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER W. A. A. A. S. J. S	(Signed) Warding Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14. 000	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos, ds.
(Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 Phace of Burial or Removal Date of Burial  20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from huslness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But iu many "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or mlscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci which surgical operation was undertakeu. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septichae-The nature of the "Exhaustiou," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County alleg 12003	CERTIFICATE OF DEATH
Village or City Cumberland (No. 2) 2FULL NAME Harry Edward	Registration Dist. No.  Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tale White the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year	12 Sept 4, 1913 to Sepox 6, 1913
7 AGE   It LESS to 1 day,	and that death occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:
Cocupation  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Ollic Collic Secondary  (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  MA  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or Homicidal.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  *In the of death
(Informant)  (Address)  (Address)	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UN BEATAKER  ADDRESS  TOWNS
If more blanks are needed, address State R	egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Maunger," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But iu many For many occupations a single word or term on the (à) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of Never report



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certificate.

Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fif death occurred in Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDDWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day, Johns. The CAUSE OF DEATH * was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) ...yrs. which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) V*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ____ ds. State ...... yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? ... Former or (informant). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

RESISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman,"

pneumonia"); ("Pneumonia," unqualified, is indefinite): Tubercubrospinal CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia Examples: Cerebrospinal (avoid use of Carcin-

> mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaetc., when a defiuite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenpenal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



No. 1.

02

PLACE OF DEATH  County Cleg	_12005 ( n	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Gruber 2FULL NAME	Caudino 263.	Registration Dist, No
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH  (Month) (Day (Year)
mare muse	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased fr
B DATE OF BIRTH	1: 011	Jan. 1912, 1912, to Sept. 25, 1913
(Month)	(Day (Year)	that I last saw ham alive on Seft. 25 ,191.
7 AGE	(Day (Year)	
~1 5	1 day,hrs	and that double occurred on the date stated above, at
	osds. ORmin.?	- Organis Heat Deseros
8 OCCUPATION (a) Trade, profession, or particular kind of work.	mes -	
(b) General nature of industry,		
business, or establishment in which employed (or employer)		(Duration) 5 yrs mos V
9 BIRTHPLACE		Contributory Mighl' Vision
(State or country)	d.	
10 NAME OF THE	10 1	
- tumas	Thoderick	(olginary)
OF FATHER	0 1	Sup. 76, 1913. (Address) Liters tooker Mr.
w (whate of country)	cauci.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidingly Tal, Suicidal, or Homicidal.
of Mother R	le Bran	
13 BIRTHPLACE	· o ceman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
OF MOTHER (State or country)	relaced	At place In the of death yrs, mos ds. State yrs, mos
4 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Man. F.	Brodericko	Former or
(IIII)	100000000000000000000000000000000000000	usual residence
(Address)	ence of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	2-1-1-1	or ar cent 191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pheumonia; Bronchopheumonia ("Pnenmonia." unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonacum, etc., Carein-

mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septiehae thenia," "Anaemia" (merely symptomatic), "Atrophy," affection ueed not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Coutributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras "Collapse," "Coma," "Convnisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. thre of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homieide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably The contributory (secondary or interentreut) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations ou statement of may be stated nuder the head of "Dropsy," The nature of the "Exhaustiou," Never report



N. B.-Every

S. No. 1.

-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF
Jen Jen	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SEL
6 DATE		HEREBY CERTI
7 AGE	(Month) (Day (Year)    It LESS than   1 day,hrs.   0   0   0   0   0   0   0   0   0	and that death occurred on the dath cause of DEATH* was as
	PLACE e or country)	Contributory Secondary
. 10 N	AME OF PATHER PARTY OF AMERICAN	(Signed) clean xord
N N	GIRTHPLACE OF FATHER (State or country)  MAIDEN NAME	*State the Disease Causing Causes, state (1) Means of Jal, Suicidal, or Homicidal.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12006

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

n Dist. No.

Ward)

Ilt death occurred in a hospital or Institution, give its NAME instead ot street and number.]

TE OF DEATH

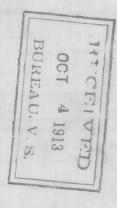
16 DATE OF DEATH LE	ch 1	51	. 191.3
	(Month)	(Day	(Year)
17 I HEREBY C	ERTIFY, THAT	I attended de	ceased from
Muy 1 1910	3, to De	bet , si	3
,	2	11, 5,	Z, 191.52
that I last saw her alive	on will	01/	191
and that death occurred on t	ha data atata	ed about at	
			m
The CAUSE OF DEATH * Wa	- A		
Calmonary	1 when	reelase	
**************************************			
	**************************************	. /	
**************************************	(Duration)	/ yrs. 6	mosds.
Contributory			
Secondary			
	(Duration)	yrs.	.mosds.
	0 11	_1, _1 , _	
(Signed) May xon	1400	ang y	, M. D.
deph 2, 1913 (Addr	pec) 5	mill	md
*State the DISEASE CAUS CAUSES, state (1) MEANS	ING DEATH, O	or, in deaths fi	om VIOLENT
TAL, SUICIDAL, OF HOMICIDA	L.	(2) Wilch	ici zicciben.
18 LENGTH OF RESIDENCE	FOR HOSPITAL	s, Institutions	TRANSIENTS
OR RECENT RESIDENTS)			
of death yrs, mos	In the	yrs	mon do
Where was disease contracted,	on do. State	113,	11105 05
If not at place of death?	*****************		
Former or			
usual residence	******		NG000000000000000000000000000000000000
19 PLACE OF BURIAL OR RE	MOVAL	DATE OF B	URIAL
. Rose Hio	· Parel	1.6.11	143
700	Com	1	, 191
20 UNDERTAKER		ADORESS	
charge VII	6111	10 -	6

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," genital." "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary), 10 ds. State cause for Nevcr report



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#### Very 12007 should ION Is OCCUPATION PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RAGE MARRIED. WIDOWED, ORDIVERCED (Write the word) DATE OF BIRTH classified. (Mouth) (Day TAGE properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) uo 12 MAIDEN NAME plain Instructions OF MOTHER OF MOTHER (State or country) _ DEATH 14 THE ABOVE IS TRUE OF MY KNOWLEDGE See Item OF mportant. Every It 15

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registr

ation Dist.	No. 77
Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
IFICATE OF	DEATH
hr-	2 7 , 1912 (Day (Year)
(onth)	(Day (Year)
to Lu	ttended deceased from  7, 191.7  7, 191.3  bove, at 7, 6 m
date stated al	bove, at

Contributory Secondary

EDICAL CERT

I HEREBY CER

and that death occurred on the

The CAUSE OF DEATH * was

, 191 ..... (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place

State ..... yrs, mos. ..... yrs. ..... mos. ... Where was disease contracted.

If not at place of death?

usual residence

OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

A-DORESS

If more blanks are needed, address State Registror, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS than

f day hrs.

OR ..... min. ?

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (4)

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senlle," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of State cause for



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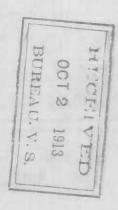
	12008	CERTIFICATE OF DEATH
Go	unty. b. S. S. S. Charge and J.	Registration Dist, No.
Vil	Page or City Burn backer and (No. Also FULL NAME Chyoleth Burn	Is fleured st.; Ward)  A lift death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SETTINGS 1913.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That J attended deceased from
6 D	(Month) (Day (Year)	Jumes 1 1912 to September 17, 1913  That I last law he alive on September 1/2, 1913
7 A		and that death occurred on the date stated above, at A. m.  The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION ) Trade, profession, or rilcular kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)  IRTHPLACE (State or country)	Contributory Astlunce .
ARENTS	10 NAME OF FATHER LILL RECOVERS	(Signed) / Oyrs mos ds.
Δ.	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the formula of death formu
	(Informant) 112 MM L Care point	Where was disease contracted, If not at place of death?  Former or usual residence.
15 - FII	(Address) Registrar  Dapate Registrar	PLACE OF BURIAL OR REMOVAL  ROSA HILL CLA SEAL 18., 191.3.  20 UNDERTAKER  ADDRESS  Sauce Stein
6	II more blanks are needed, aguress State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulgainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR INK-THIS RESERVED UNFADING MARGIN WRITE PLAINLY, WITH S. No. 1.

V.

PLACE OF DEATH  County Geregory 12009	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cruckeeland No. 49 &	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Onale 4 COLOR OR RACE 5 SINGLE, MARBIED, WISSENSON, CROWNORCED (Write the word)  6 DATE OF BIRTH  CMonth) (Day (Year)  7 AGE  11 LESS than 1 day,hrs.	18 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from 1913, to Sept 2 3 1913, that I last saw have alive on 1913 and that death occurred on the date stated above, at 2 30 6 m.
B OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  Charles Swall 7 well  Caute Grap 12 turn  (Duration) yrs. mos. ds.
OF FATHER DO BRYSON  11 BIRTHPLACE OF FATHER DO BRYSON  12 MAIDEN NAME OF FORTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHE	Contributory Secondary  (Buration) yrs mos ds.  (Signed) Clary Secondary  (Signed) Secondary  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regist	rar, Gr. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the Servant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations ou statement of death), 29 ds.; "Exhaustion," For VIO-



No. ò

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1 PLACE OF DEATH

#### STATE OF MARYLAND

	CERTIFIC	ATE OF	DEATH
	Regist	ration Dist	. No. 4
Harr Vey	CLOV St;	Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERT	TIFICATE OF	DEATH
16 DATE OF		epk Month)	/4 ,1913 (Day (Year)
Seph	6 , 1913 ,	to Seph	attended deceased from
	w h. alive on		,1913
The CAUSE	th occurred on the OF DEATH* was a strice		
Contribut Secondar	ory	(Duration)3	yrsds.
(Signed)	J. 13. 7	(Duration)	yrs mos ds.
	Acdress (Address)  de Disease Causing ate (1) Means of		in deaths from VIOLENT (2) whether ACCIDENT
18 LENGTH OR RECENT At place		R HOSPITALS, I	NSTITUTIONS, TRANSIENTS,
Where was dise it not at place o Former or usual residence	ase contracted, if death?		, , , , , , , , , , , , , , , , , , , ,
19 PLACE OF	BURIAL OR REM	OVAL	DATE OF BURIAL
20 UNDERT	KIR .		ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

It LESS than

1 day....hrs

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Caroin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under State cause for the head Never report



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 12011 CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in a hospital or institution, give its NAME Instead of street and number. 1 **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1913. WIDDWED. (Month) (Year) (I)av DRDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191 3 (Address) arracom OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs, ____ ds Where was disease contracted. if not at placa of death? Former or (informant) usual residenca PLACE OF BURIAL OR REMOVAL OF BURIAL (Address). 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, "Foreman," (6)

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

1 PLACE OF DEATH	STATE OF MARYLAND
12013 /	CERTIFICATE OF DEATH
County County	Registration Dist. No.
Village or City # Months (No	St.; Ward)  [If death occurred I a hospital or institution give its NAME instead
* FULL NAME agnus Co	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Mopen) (Day) (Year)	that I last saw here alive on 191
AGE (Mogen) (Day) (Tear)	
t day,hrs	
yrs. mos. ds. ORmin.?	- Did not- See faly - 21-was
BOCCUPATION (a) Trade, profession, or	7 mo Child, very feeble
particular kind of work	Said to how Last
business, or establishment in	Cuelleus (Duration) yrs, mos. ds
which omployed (or employer)	Contributory Princless First
(State or country)	(Secondary)
10 NAME OF M & Cossett	(Signed) (Si
11 BIRTHPLACE	Jef 10, 191 S(Address) Lonelly
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
untomate With my Cessett	Former or
(Informant).	usuai residence
(Address) Moselvery Me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 0.11 48/11/	20 UNDERTAKER ADDRESS
Filed 194 / 1913 / 1914	0 41
REGISTRAR	V Strait 12 -

[Approved by U. S. Census and American Public Health Association.]

"fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, statement. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Caroin-

"Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can The nature of the "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County  CERTIFICATE OF DEATH  Registration Dist, No.  Ill shall occurred in a hospital or inclination, give its Male inclinate of shelling of clined and sensitivity.  PERSONAL AND STATISTICAL PARTICULARS  BEX  COLOR OR PACE  CHAPTER Shall inclined and sensitivity with the country of the country.  CHAPTER SHALL INCIDENT TO DEATH  COLOR OR PACE  CHAPTER SHOPE (First She word)  If LESS libbs  India profession, or particular label of work.  (I) General nature of industry.  Conjugationly  Conjugationl		1 PLACE OF DEATH	12014	STATE OF MARY	
VIIIage or City  PERSONAL AND STATISTICAL PARTICULARS  SEX  A COLOR OR RACE  SENICLE, ORDINATION (Worth)  (Write the word)  PO DATE OF BIRTH  PAGE  (Month)  (Month)  (Day (Year)  TAGE  If LESS than and that death occurred on the date stated above, at 1942 m. The CAUSE OF DEATH way as follows:  COLUMNIAN  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL DERTIFICATE OF DEATH  (Month)  (Day (Year)  17  I SEREEY CERTIFY. That I attended deceased from that I last saw home. alive on Death way as follows:  CAUSE OF DEATH way as follows:  COLUMNIAN  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL DERTIFICATE OF DEATH  10 DATE OF DEATH  11 SERENGE CERTIFY. That I attended deceased from that I last saw home. alive on Death way as follows:  CAUSE OF DEATH way as follows:  COLUMNIAN  COLUMNIAN  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL DERTIFICATE OF DEATH  10 DATE OF DEATH  11 SERVED CERTIFY. That I attended deceased from that I last saw home. alive on Death way as follows:  CAUSE OF DEATH way as follows:  COLUMNIAN  PERSONAL AND STATISTICAL PARTICULARS  COLUMNIAN  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL DERTIFICATE OF DEATH  10 DATE OF DEATH  11 SERVED CERTIFY. That I attended deceased from The CAUSE OF DEATH  And that death occurred on the date stated above, at 1923 m.  The CAUSE OF DEATH way as follows:  (Burshall And Statistical Particulars)  (Burshall And Statistical Particulars)  (Burshall And Statistical Particulars)  PERSONAL AND STATISTICATE OF DEATH  19 DATE OF DEATH  10 DATE OF DEATH	Co	unty	11/0 /1	CERTIFICATE OF	DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SERV  **GOLOR OR RACE SURVEY, WOODEN, WOOD		MI	101	Registration Dist.	No.
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOROR RACE  5 SINCLE, MARKETON MARKETON OR ONVORCES (IN Frite The word)  10 DATE OF BIATH  10 DATE OF DEATH  11 DATE OF DEATH  12 DATE OF DEATH  13 DATE OF DEATH  14 LESS than 1 day, hr. 14 LESS than 1 day, hr. 15 DEPARTMEN  16 DATE OF DEATH  17 LIFERED CERTIFY, That I attended deceased from 1913  10 DATE OF DEATH  11 DIRTHPLACE OF FATHER  12 MAIDEN NAME OF FATHER  13 BIRTHPLACE OF MATHER  13 BIRTHPLACE OF MATHER  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informan	Vil	P	Miller (No. for	Megany Anst; Ward)	a hospital or institution, give its NAME Instead
OATE OF BIRTH  (Month) (Day (Year)  (Add that I last saw ham slive on Dayle of Dayle on		PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
ODATE OF BIRTH  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (It EES than 1 day, hrz. or had that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913, and that death occurred on the date stated above, at 1913	35	Male Mule	WIDOWED, MUTS, 11	16 DATE OF DEATH Sptumber (Month)	30½,1913 (Day (Year)
that I last saw hand alive on Sept 39 1913  TAGE    If LESS than   1 day, hrs.   1 day	6 D	ATE OF BIRTH	( // // to the Hold)	11120A 3 SN	2.4
If LESS than   1 day,hrs.   1 day,			1/86		3-1
The CAUSE OF DEATH * was as follows:  OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployer)  OF PATHER  OF FATHER  (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  OF FATHER  (State or country)  12 MAJDEN NAME (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  15 Flieb EP 3 0 1918;  FROSTNAR  REGISTRAR  THE CAUSE OF DEATH * was as follows:  OCLUPATION  (Duration)  YES MOS ds.  (Signed)  Controller  (Signed)  (Signed)  (Signe	7.0				2500
SOCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MOJEEN NAME (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)  (Informant)  15 Filed EP 3 0 1918  REGISTRAR  REGISTRAR  REGISTRAR  (SIGNAL COLLEGE OF COLDERS)  (Informant)  REGISTRAR  REGISTRAR  (SUCCESSION DEATH, OF, in deaths from VIOLENT TALL, SUICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)  State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT TALL, SUICIDAL, OF HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)  13 BIRTHPLACE OF COUNTRY)  (Informant)  (Informant)  (Informant)  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  (Signed)  (Signe	^	48		and that double doubled of the date stated at	pove, at 0 4, m,
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF FATHER (State or country)  12 MAIDEN NAME OF FATHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 EIRCH ADDRESS CAUSING DEATH, Or, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  16 GROTHER (State or country)  17 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  18 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  10 IN THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  11 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  12 MAIDEN NAME OF FATHER (1) MEANN OF INJURY; and (2) Whether Accident TAL, SUICIDAL, OF HOMICIDAL  13 BIRTHPLACE (State or country)  14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  16 GROTH TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  17 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  18 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OR HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL, OR HOMICIDAL  19 EIRCH ADDRESS CAUSING DEATH, OR, in deaths from VIOLENT TAL, SUICIDAL OR, in d	-		nosds.   <u>OR</u> min. ?	Chinese minestation	1 Meshit
(Signed)  State or country)  Pather  State or country)  State or country  State or	(a	Trade, protession, or	7.		
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  REGISTRAR  (Ouration)  (Ouration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Sig	pa	rticular kind of work			
(Signed)  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  REGISTMAR  (Signed)  (Signed)  (Signed)  (State on Country)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident on Recent Residents  (Informant)  (Informant)  (Address)  18 ENGLET RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, or Recent Residents)  (Informant)  (Informant)  (Address)  19 The OF BURIAL  (Informant)  DATE OF BURIAL  (Informant)  10 Address  11 Address  12 Upperstaker  (Informant)  Appress	bus wh	iness, or establishment in ich employed (or employer)	line:	(Ouration)	yrsds.
(Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)	9 B	(State or country)	12	Sechdary	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  (Address)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  In the State yrs, mos. ds Where was disease contracted, If not at place of death?  Former or usual residence  19 TACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UPDERTAKER  PACED  A STRESS		10 NAME OF FATHER	Corporado	01 01-0.1	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  (Address)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  In the State yrs, mos. ds Where was disease contracted, If not at place of death?  Former or usual residence  19 TACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UPDERTAKER  PACED  A STRESS	NTS	OF FATHER \	. 0 . 0 . 0		wearf Mil
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Ad	ARE	12 MAIDEN NAME	B	TAB, SOTETDAE, OF HOSTETDAE.	
Where was disease contracted, If not at place of death?  (Informant)  (Address)  (Addres		13 BIRTHPLACE OF MOTHER (State or country)	resident.	At place In the	
(Informant)  (Address)  (Address)	14		OF MY KNOWLEDGE	Where was disease contracted,	yrs, ds
(Address)  19 10 CE OF BURIAL OR REMOVAL DATE OF BURIAL  16 Filed EP 30 1918 & Wanning Market Face of Hoafer Frontbury 1. 1813.		( Pating	m. Dearst		
16 Filed EP 30 1918 Thanks REGISTERAR Facob Hoafer Frostburg 10		(IIII) Ball		10	
Flied EP 30 1918 & Warring Mar Garob Hafer Frontburg 10	1.5	(Address)	MALLY, INV	The of Burial OR REMOVAL	DATE OF BURIAL
REGISTRAR Jacob Olafer Froslower le		SEP 30 1918 # 5	· · · · · · · · · · · ·	20 UNDERTAKER A TOTAL	VCL 4.3, 1913
If more blanks are needed, address State Registrate 6 E. Franklin St. Bulto., Requesting V. S. No. 1.	Fli	ee	REGISTRAR	facolo Hoales	to anthony
		If more blanks a	re needed, address State Regi	strar 6 E. Franklin S. Bulto., Requesting V. S. N	(o. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., whon a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions." "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitiul nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig The contributory (secondary or interenrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease cansing (Recommendations on statement of death), 29 ds.; "Exhaustion,"



N. B.

	PLACE OF DEATH  12015  Inty Willegany  (No. 100,  FULL NAME Horage Will)	give its NAME instead
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WORKED (Write the word)  E OF BIRTH  (Month) (Day) (Year)	18 DATE OF DEATH    Ling   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191 3   191
	Jess than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, st. 3.2.m, The CAUSE OF DEATH* was as follows:
(b) Ge busines which 9 BIRT (Stat	ular kind of work  meral nature of industry, is, or establishment in employed (or employer)  THPLACE e or country)  NAME OF FATHER  ORLAND  OR	(Duration) yrs. mos. 8 ds.  Contributory Duration Programmer (Secondary)  (Duration) yrs. mos. 10 ds.  (Signed) Mulling R. January W. D.
PARENT	BIRTHPLACE OF FATHER (State or country) Mad Mingrish  2 MAIDEN NAME OF MOTHER Berry Carry  3 BIRTHPLACE OF MOTHER (State or country) Many Land	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the of death yrs. mos. ds. State yrs. mos. ds.
14 _{TH}	(Address) 100 Laing are SEP 30 1918 Francisch	Where was disease confracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  Tr., 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulduties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the been changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

te certificate is between a mon



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

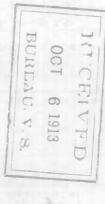
Village or City Ferantlus (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PULL NAME John Bolward	Gonble give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on, 191
TAGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m, The GAUSE OF DEATH* was as follows:  At the plant with  OL 38 Calibre repaires.
particular kind of work	(Duration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed A. J. 1913. (Address) Caracle, M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Unitroducts	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds.
(Address) Fir asthury such	Where was disease contracted, If not at place of death?  Former or  usual residence.  19 place of Burial or Removal Slipt. 4., 191 3.  20 undertaken
FIIDE TO 1910 REGISTRAR	Jacob Hafer. Frostburg May
If more blanks are needed, address State Registry	r, 6 E. Franklin St., Balty, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the diberal Caubing death of cause of death—Name, first, the diberal Caubing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diberumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never repor The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds. State cause for Examples: For VIO-



702

N.B.

1 PLACE OF DEATH

A11.

12017

Sounty Clary and T	1
	Registration Dist. No.
/illage or City Burn 1-d (No. Alle	2   Ward) [If death occurred in a hospital or institution,
a . Q 2	give its NAME instead of street and number.]
2FULL NAME Mune, UD, 100	Mey of Street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended degeased from
Class. 28 . 216	(11) 1918, to \$ Ep / 1013
(Month) (Day (Year)	that I last saw h la alive on Pett 1 1963.
AGE If LESS than	and that death occurred on the date stated above, at 2 0, m
	The CAUSE OF DEATH* was as follows:
OCCUPATION	
(a) Trade, profession, or particular kind of work	carried of the
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs 3 mos 0 ds
BIRTHPLACE	Contributory a con-
(State or country)	Secondary
10 NAME OF	(Dwatton) yrs mos ds.
FATHER Pelcy- J. Hersey	(Signed)
11 BIRTHPLACE OF FATHER	SIRKIP, 191 & (Address) (Clille-Knie) Pril
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
Mary Dodge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos, 2/ ds. State yrs. 9 mos 8 ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
L for for 1.	If not at place of death?
(Informant)	usual residence Deash well Tell
(Address) onen Sorny Ha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 PED 2 1918	Bushnell 3ee Sept 2, 1913
Filed SEP 191 7 Manuely	20 UNDERTAKER ADDRESS
REGISTRAR	Jonis Jain City
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Botto, Dequesting V. S. No. 1.
X	MINO. KIKI

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau," (6)

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for For vio-



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No.
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N.B.

County Alexander 12012	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City and Concern Mc (No Median 2 Full NAME 100)	St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finels Water Single, Wiscource Or Divorces Or Divorces (Write the word)	16 DATE OF DEATH Seft. 29, 1913 (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	17 Seft. 29, 1913 to Seft 29, 1913, that I last saw him alive on Seft. 29, 1913
7 AGE If LESS than 1 day hrs. or. ds. or. min. ?	and that death occurred on the date stated above, at 10 P. m.  The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Placente-previa of molly
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Premature birth (Secondary)
10 NAME OF Transces Causes  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) W. A. Hodger  Sept. 30, 1913. (Address) Combelland, Med.
Z OF FATHER (State or country) at 7 est 10 / 11d	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Part Holo Mode	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  of death yrs, mos, ds.
(Informant) Mouses Courses	Where was disease contracted. Chafee, W. Va. If not at place of death? Former or usual residence. Chafee, W. Va.
(Address) Charles TIVW.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 ON DEATAKER ADDRESS  ADDRESS
If more blanks are needed, address State Begistran	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

orma. 1200

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mails Accidental drowning; Struck by railway train-accioma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can "Exhaustion," Examples: For viode.



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN W. B. No. 1.

Village or City Name Another Cook	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from 191 to 19
(Month) (Day) (Year)	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary)  Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) 1/13. (Address) Caracter M. D.  State the DISEASN CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Open Are Prichard	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where was disease contracted, If not at place of death? Former or usual residence.
Address) Complete Com	19 PLACE OF BURIAL OR REMOVAL  ALLE SAME GENESIAN GENESIAN ADDRESS  CONTRACTOR OF BURIAL  ADDRESS  Contractor  Con

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative leaithfulwho have no occupation whatever, write None CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease. Bronchopneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumer" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," ... (name origin; "Can State cause for "Exhaustion," Examples:



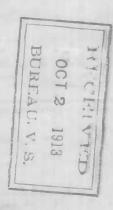
	PLACE OF DEATH 12019	STATE OF MARYLAND
Co	ounty alleg	CERTIFICATE OF DEATH
00		Registration Dist. No.#
a	lase or Gity Cuelculand (No Free	1 . 11
A	lage or City Lully (No. 100)	Aulasville St.; Ward) [If death occurred in a hospital or institution,
	L. Te -	give Its NAME Instead of street and number.]
	2 FULL NAME Devige Have	7 More
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, ALLEGE	16 DATE OF DEATH A A A A A A A A A A A A A A A A A A
n	Cale White (Write the word)	8 (Month) 14 (Day 1613 (Year)
6 p	TATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	0 ~ ~	2111 13 th 1913, to 2111 14 th 1913
-	(Month) J (Day (Year)	that I last saw h man alive on affile 14 th 1913.
TA		and that death occurred on the date stated above, at 10 Q. m
	O yrs O mos 20 ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Examp
(a	) Trade, profession, or tricular kind of work	
(b)	General nature of industry.	
wh	siness, or esfablishment in lich employed (or employar)	(Durafion) yrs mos /2 ds
9 B	IRTHPLACE (State or country)	Contributory Expanded
	- Frod	(Durafion)yrsmosds
	10 NAME OF FATHER & SI-	(Signed) PANON ON MIN
S	11 BIRTHPLACE	011
ARENT	OF FATHER (State or country)	*State the Displace Carryon Dr.
IRE	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	OF MOTHER alice Marks	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) Af place In the
14 -		of death yrs mos ds. State yrs mos ds Where was disease contracted.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If nof at place of death?
	(Informanf)	Former or usual residanca
	(Address) Campbac Ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16	1000 80 1 - 200	Fair Hope Pa Seph. 16, 1913
FII	ed 8EP 15 1913 Jacks Dans	20 UNDERTAKER ADDRESS
	1 1 Joh REGISTRAR	I four Deux Cety
1	If more blanks are needed, address State Regist	tar, 6 E. Franklin St., Balto, Manusting J. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tlon is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons eugaged in domestic service for wages, as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND 12020 CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDDWED, Write the word) (Day DATE OF BIRTH (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH * was as follows: 6 OR ..... 7 8 OCCUPATION (a) Trade, profession, or business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary legares 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HGMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death ...... yrs. ..... mos. .... ds. State ..... yrs. ___ mos. Where was disease contracted. It not at place of death? ... Former or usual residence 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) may be stated under the head of (Recommendations on statement of For vio-



MARGIN RESERVED FOR BINDING

S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT d S WRITE PLAINLY, WITH UNFADING INK-THIS N. B.-

Village or City Barton (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  And
6 DATE OF BIRTH  (Month) (Day) (Year)	ang HEREBY CERTIFY, That I attended deceased from 32 1913, to Suff 32 1913, that I last saw have alive on Suff 2 1913
FOCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at/ a_m, The CAUSE OF DEATH* was as follows: Churic Clevholism
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  Barthplace (State or country)  Marton  Mal	(Ouration) yrs. mos. ds.  Contributory Cirrbrais of Clue (Secondary)  (Markingura (Ouration) yrs. mos. ds.
10 NAME OF John Concutsoury  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  10 NAME OF John Concutsoury  12 MAIDEN NAME  10 NAME OF John Concutsoury	(Signed)
OF MOTHER Maria Concerts bring  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Intermant) X every Cuty bury	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Dyd. 4. 1913 D. a. Brucher REGISTRAR	19 PRACE OF BURIAL OR REMOVAL  LAURE HILL CLEMENTS ADORESS  AS A Bral  Marton Ma

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home; who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

childbirth or miscarriage, as "PUERPERAL septichaegenitai," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tunuor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:



V. S. No. 1.

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PLACE OF DEATH 12022	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
County	Registration Dist. No.
Oh! total	Ilt death accurred in
Village or City Julianous (No,	ward) a hospital or Institution,
8	give its MAME instead of street and number.]
FULL NAME GNAL & Jawa	7009
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Dingle	16 DATE OF DEATH
mal Mit WHOWED, ONDIVORCED	(Mopth) (Day) (Year)
DATE OF BIRTH	17 HEREBY CERTIFY. That I attended deceased from
	Dalin 3 , 1913, to Selit 4 4 , 1913.
(Month) (Day) (Year)	that I last saw ham alive on Sefet 4th 1919
AGE If LESS than	and that death occurred on the date stated above, at 10 mm,
// vrs. 7 mas. 2.6 ds. 0Rhrs.	The CAUSE OF DEATH* was as follows:
	Cerebral Paralisis
GOCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration) Syrs. mos. ds.
which employed (or employer)	Contributory
(State or country) Pest Vinginia	(Secondary)
10 NAME OF	(Duration) yrs. mos ds.
FATHER Joseale J. Dolly	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Start Disaura	Seft 4, 1913 (Address) Flintstone
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STRUCKED OF MANAGEMENT AND ACCIDENT AND AC
of MOTHER Tinging & Mellow	Tab, Solcidat, of Homicipal.
The state of the s	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
Consider the Sollie	If not at place of death?
(Informant)	usual residence
(Address) Aleutstone Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 011 - 00	Francis burying Frank Dept 5, 1910
Filed Defet 5 1913 & Journal !	20 UNDERTAKER ADDRESS
REGISTRAR	ach Itilson Flistatone ma
If more bianks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers statement. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children. not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('na) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has Farmer or Planter For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla mus," "Old Age," "Shock." ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichae ctc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of injury, as fracture of skuil, and consequences (e. g. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemourhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never repor The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can death), 29 ds.: Examples: For vio-



BINDING RESERVED FOR MARGIN

V. S. No. 1.

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	1 PLACE OF DEATH	STATE OF MARYLAND
	. /////050	CERTIFICATE OF DEATH
Co	12023	Registration Dist. No.
	ness & O 1 Till	Registration Dist. No
Vil	lage or City Just les Last (No. Alle	St.; Ward) [If death occurred in
		give its NAME instead
	(Marie V	of street and number.]
	FULL NAME OF PORCE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	MARRIED.	16 DATE OF DEATH Stanton 4 1013
+	WIDOWED.	(Month) (Day (Year)
100	male White (Write the word) He	17 I HEREBY CERTIFY, That I attended deceased from
a D	ATE OF BIRTH	January 1 1912 to September 4 191 3
	Ung 28, 1865	that I last saw holy alive on Sentimble 3,191 3
7 A	(Month) (Day (Year)	
	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	yrs ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
	CCUPATION	dobular I Mumoma
	Trade, profession, or ricular kind of work.	
-	General nature of industry,	
	iness, or establishment in	(Duration) vrs. 9 mos ds.
	ch employed (or employer)	Contributory Mentern
- 6	RTHPLACE (State or country)	Secondary
	10 NAME OF	(Duration) yrs mos 20 ds.
	FATHER /	(Signed), Amer Wilson, M.D.
S	11 BIRTHPLACE	September 4, 191 3 (Address) Cumberland Md.
PARENTS	OF FATHER (State or country)	
N H	12 MAIDEN NAME O	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
PA	OF MOTHER TO 1415	
	13 BIRTHPLACE Jaketh Sirnlede	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place of death 7 yrs. 9 1805. 4 ds. State yrs. mos. ds
14 7	HE ABOVETS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	my Chan Har '10	If not at place of death?
	(Informant)	usual residence Institution - 177 A.
	(Address) Twather hid	19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL
15		Trustby of my Sept # 191.3
FII	SEP 4 191391 / Sear Alban	20 UNDERTAKER ADDRESS
	REGISTRAN	g Furniture & Undertaking V
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting y. S. No. 1.
		1/4 PWAR

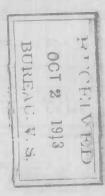
[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimatcrial worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-aeci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of State cause for Never report



RECORD ERMANENT EXACTLY BINDING pinous ESERVE MARGIN pe pinoda Information of Item

12024 CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No. PHYSICIANS St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) HEREBY CERTIFY, That I attended deceased from Exact DATE OF BIRTH classified. (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. pe business, or establishment in which employed (or employer) ..... may certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 80 0 back 11 BIRTHPLACE , 191 ..... (Address) terms, ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER EATH (State or country of death _____ yrs. .... mos. .... State Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?.... A Former or (Informant) OF usual residence. Importan (Address)..... Every 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

Tif death occurred in

a hospilal or Institution.

give its NAME instead of street and number. ]

BURIAL

(Day)

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a): Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carein-

cbildbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATERS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



MARGIN RESERVED FOR BINDING

S. No. 1.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 2 INK-THIS UNFADING WRITE PLAINLY, WITH ż

PLACE OF DEATH 12025	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Could (No. 169)	Registration Dist. No.  Salts . Cluest; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORK 6 DATE OF BIRTH  4 COLOR OR BACE MARRIED, WIDOWED, WIDOWED, WITH the WORK)	16 DATE OF DEATH  (Inoth)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
7 AGE   (Month) (Day (Year)   1 day,hrs.   1 day,hrs.   0 ccupation   1 day,min. ?	that I last saw harmalive on 191 and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER A O'RECE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, if not at place of death? Former or usuel residence.
(Address) 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Tran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If rethred from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphileria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



PHYSICIANS should state RECORD PERMANENT should be stated EXACTLY. 4 UNFADING INK-THIS AGE carefully supplied. WRITE PLAINLY, WITH MARGIN item of information should be

N. B.-Every

PLACE OF DEATH

Villa	age or City such Emily (No Karron	Registration Dist. No.  [If death occurred a hospital or Institution give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White (Write the word)	16 DATE OF DEATH  Sept. 20, 191.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day (Year)	Sept. 18, 1913, to Sept 20, 1912 that I last saw him allye on Sept. 19, 1915
7 AG		and that death occurred on the date stated above, at 8.7.  The CAUSE OF DEATH* was as follows:
(b) busi whice	General nature of industry, Iness, or establishment in chemployed (or employer)  RTHPLACE (State or country)	Contributory Ahrushin yrs mos 3  Contributory Secondary (Durafion) yrs mos mos
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER	(Signed) They. M.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ts. State yrs mos ts. State yrs mos there was disease contracted, If not at place of death? there was disease to the place of death?
	(lotormant)	Former or usual residence

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state oeeupation at beginning of illbeen changed or given up on aecount of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the oeeupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," -Codt (4)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pucumonia; Bronchopucumonia CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup";) term for the same disease. time and eausation), using always the same accepted fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningltis"); Diphtheria (avoid use of Typhoid unqualified, is indefinite): Tubcreufever (never Examples: Cerebrospinal report "Typhoid "Epidemie cere-

> naut neoplasms); Measles; Whooping coughs, Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatie), "Atrophy." mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ecr" is less definite; avoid use of "Tumor" far maligoma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-acci which surgical operation was undertaken. ete., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report

If this certificate is looked over thoroughly and nil questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUREAU. V. S.

No.

be so		Should terms	nation should in plain terms	of information should DEATH in plain terms
carefully supplied. AGE s that it may be properly certificate.	be carefully supplied. AGE s s, so that it may be properly k of certificate.	should be carefully supplied. AGE so terms, so that it may be properly on back of certificate.	nation should be carefully supplied. AGE sin plain terms, so that it may be properly defined on back of certificate.	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho GAUSE OF DEATH in pilali terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of cartificate.
carefully supplied that it may be certificate.	be carefully supplied i, so that it may be it of certificate.	should be carefully supplied terms, so that it may be on back of certificate.	ation should be carefully supplied in plain terms, so that it may be incline on back of certificate.	of information should be carefully supplied DEATH in plain terms, so that it may be see instructions on back of certificate.
that it	be carefully s, so that it k of certifica	should be carefully terms, so that it on back of certifica	ation should be carefully in plain terms, so that it defines on back of certifica	of information should be carefully DEATH in plain terms, so that it as instructions on back of certifica
	be so	should be terms, so	nation should be in plain terms, so	of information should be DEATH in plain terms, so

12027PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, WIDOWED, (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 1913 to Sel (Day (Month) (Year) 7 AGE tf LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ..... 7 acul alcoholis 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) .... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICHAL, or HOMICHAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER of death _____ ds. State ..... yrs, ____ mos. ..... ds (State or country) Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. -material worked on may form part of the second "Manager," "Dcaler," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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PHYSICIANS should of OCCUPATION IS Village or City RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. BINDING WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH classified. 4 (Month) (Day S TAGE should FOR -THIS properly AGE BOCCUPATION (a) Trade, profession, or INK ESERVED particular kind of work. supplied. be (b) General nature of industry, UNFADING business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully that 0 10 NAME OF FATHER 80 0 MARQIN WITH be back PARENTS 11 BIRTHPLACE terms, pinous OF FATHER (State or country) 6 PLAINLY 12 MAIDEN NAME plain See Instructions OF MOTHER Information 드 13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE 14 THE ABOVE IS TRUE MY KNOWLEDGE ō Item 1 (Informant) Important. CAUSE ( (Address) ... 15 No. 0

1 PLACE OF DEATH

state Very 12028

DATE OF DEATH

that I last saw h.A.

and that death occu

The CAUSE OF DE

Secondary Secondary

(Signed)

(Year)

It LESS than

1 day .....hrs.

OR ..... min. ?

I HE

ERTIFICATE	OF	DEATH

STATE OF MARY	LAND
ERTIFICATE OF	DEATH
Registration Dist.	No.
St.; Ward)	[If death occurred in a hospital or institution, give its NAME Instead ot street and number.]
DICAL CERTIFICATE OF I	DEATH
(Month) REBY CERTIFY, That I as	9, 1913 (Day (Year)
REBY CERTIFY, That I at	ttended deceased from
allye on Sefs X	1913
rred on the date stated at	pove, at 10 P. m
ATH* was as follows:	
(Duration)	yrs mos ds
(Buration)	.yrsdsds
3. (Address) 101 (Kg	7. Close.
ASE CAUSING DEATH, or, in MEANS OF INJURY; and HOMICIDAL.	
IDENCE (FOR HORPITALS, IN IN the mos. 20 ds. State	

*State the DISE CAUSES, state (1) TAL, SUICIDAL, or 18 LENGTH OF RES

	At place of death yrs mos.	20 ds.	In the State	yrs,	mos. 20	d
1	Where was disease contracted,	Paril	2 - 71	1750		

If not at place of death? Former or usual residence

DATE OF BURIAL

20 UNDEATAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

statement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (7)

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Very state PHYSICIANS should of OCCUPATION IS RECORD FULL NAME PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT 3 SEX MARRIED, WILDWED, (Write the word) 6 DATE OF BIRTH ciassified. 4 (Year) fonth) If LESS than 7 AGE 1 day, .....hrs. properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, pe business, or establishment in UNFADING may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully 10 NAME OF FATHER 80 of WITH 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) E0 12 MAIDEN NAME OF MOTHER plain instructions Information 13 BIRTHPLACE 2 OF MOTHER (State or country) EATH 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE See of item OF Important, Every it m REGISTRAR ż

PLACE OF DEATH

12029

STATE OF MARYLAND CERTIFICATE OF DEATH

ancis (Ward)	a hospital or institution give its NAME lostead of street and number.]
MEDICAL CERTIFICATE OF D	EATH

	MEDIOAL CERTI	FIGALE OF	DEATH	
16 DATE OF DE	ATH AU	p 2	0	. 191.5
		(Month)	(Day)	(Year)
17 I	HEREBY CERT	FY, That I a	ttended dec	eased fro
220	J, 1913, te	, De	6 19	, 191.3
	allve on			
and that death o	ccurred on the d	ate stated a	bove, at 10	ia.
	DEATH* was as			
	Λ	C	2 1 9	
Dar	elvia &	mle	ulis	
	(0)	uration)	2	os. O
	(0	uianvii)	J. 3	v5
Contributory. (Secondary)	*** **********************************	*****************	************	************
00000n0nn+n0n0nnn0on8800000ooo	(D	eration)	yrsm	osd
(Spanal)		6300		

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

191.3. (Address)

OR RECENT RESIDENCE (FO	RHC	SPITALS, INS	TITUTIONS	, TRANSIEN	TS
At place		In the			
of death yrs mos	ds.	State	yrs	mos	ds
Whose was discount contracted					

If not at place of death?

Former or usual residence

BURIAL DATE OF TIE /6 .. 191.3 20 UNDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coa "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," naqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichar mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritix nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can "Exhaustion," Examples: For VIO-



stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very PERMANENT BINDING AGE should be sproperly classified. UNFADING INK-THIS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. ESERV Œ WRITE PLAINLY, WITH CAUSE OF Important. S

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1 PLACE OF DEATH

PLACE OF DEATH 12030	STATE OF MARYLAND			
County allegans	CERTIFICATE OF DEATH			
County County Gusts	#7/			
	Registration Dist. No.			
Village or City Gamber and (No. Vas	Put Le [It death occurred in			
Village or City Combul and (No. Nas	ward) a hospital or institution,			
	give its NAME instead of street and number.]			
FULL NAME William for	Thort			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Sup 15 1913			
Mal. White Word in of	(Mohth) (Day (Year)			
That Write the word in gle	17 I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH	Tena 30 1913 to 20 13 1913.			
(Month) (Day (Year)	that I last saw have allye on And 3 1913			
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 7 . 9 m,			
7 2 1 day,hrs.	The CAUSE OF DEATH* was as follows:			
	THE GAOSE OF BEATH . Was as lonows;			
BOCCUPATION				
(a) Trade, protession, or particular kind of work.				
(b) General nature of industry,				
business, or establishment in	(Duration) vrs. vrs. vrs. vrs. vrs. vrs. vrs. vrs.			
which employed (or employer)	Contributory Mal mutation			
⁹ BIRTHPLACE (State or country)	Secondary			
10 NAME OF	(Doration) yrs V mos 27 ds.			
FATHER GI	(Signed) M. D.			
o 11 BIRTHPLACE	1 1 1 1 2 1 1 1 1			
C OF FATHER	(NOUI 635)			
(State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.			
free Harpenen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER	At place In the			
OF MOTHER (State or country)	ot death yrs, mos ds. State yrs, mos ds			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, . It not at place of death?			
(Informant) Frederick Fixor	Former or			
	usual residence			
(Address) Consider Land Vis (1)	19 PLACE OF BURIAL OR REMOVAL			
16 1013 ( / / / / / / /	Freenwourk Cem Dept 16,1913			
FILESEP 16 1913	20 UNDERTAKER ADDRESS			
DLD, REGISTRAR	Luis Stone Ort			
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1			
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But In many first-line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report



Village or City Combessar (No. 18)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME John Jal	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED, MARRIED, WHOWED, MARVIED, WHOWED, WHOWED, WITH the word)	16 DATE OF DEATH PLUMBER 191.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Unknown, 1 (Year)	that I last saw h see alive on set of 1 1913
7 AGE If LESS fhan 1 day,hrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of Industry, business, or establishment in	Tractured Base I Stull Grewnsely Much in had unt
which employed (or employer)  Belethelace (State or country)	Contributory (Secondary)  (Duration) yrs mos ds.
10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	(Signed), 1910 (Address), Lecut Eslace  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos. 3 ds. State yrs, mos. 3 ds.  Where was disease contracted, If not at place of death?
(Address) nagonda //	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  St. Latricks  19 DATE OF BURIAL
Filed SEP 3 191 REGISTRAR  REGISTRAR  If more blanks are needed, address State Registrar	9. Standard St., Belto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichacinus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



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Exact statement

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See instructions on back of

of Information

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RECORD

PERMANENT EXACTLY.

### 1 PLACE OF DEATH

### STATE OF MARYLAND

Col	unty Alle	ga <u>n</u> y		(Con	sy)	CE	RTIFICATE	OF DEA	TH
	utity	E. 00 = 1			U		Registration I	ist. No.	
Vill		Cumberland			Md.	-	st: War Giancut	'd) a hosp	death occurred in pital or institution, its NAME instead eet and number.]
	PERSON	IAL AND STATISTIC	CAL PARTICULA	ARS .	MEDICAL CERTIFICATE OF DEATH				
	Male White Single, Married Widowed, ORDIVORGED (Write the word)			OF DEATH	Septembe (Month)	(Day	, 191.3. (Year)		
D	ATE OF BIRTH				17 Ang.		, 1913, to Sep		
	•	Unknow (Month)	n (Day	(Year)	that I last	aaw h.im.	allve on Sept	. 1	
⁷ A (		угв	mosds.	If LESS than t day,hrs.	The CAUS	E OF DEA	red on the date sta TH* was as follows Base of Sk	s:	m,
(a) paid (b) bus whi	General nature of siness, or established for an	industry, hment in nolover)			Contri	butory	(Durafion) .	30000 00 00000000000000000000000000000	mosds.
	IRTHPLACE (State or count	Italy /.			Secon		(Duration)	WFC	mac de
	10 NAME OF FATHER DONDO Galtidine			(Signed) W.A. Gracie , M. D.					
PARENTS				*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.					
AR	2 12 MAIDEN NAME OF MOTHER Unknown			TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.					
13 BIRTHPLACE Italy OF MOTHER (State or country)			Af place of death yrs mos ds. State yrs mos ds						
		TRUE TO THE BES			Former or		cted, Magnoli agnolia W.		
(Address) Magnolia W. Va.				usual residence Magnolia W. Va.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  St. Patricks Sept. 3, 191.				FBURIAL	
1 5 FII	ed Sep. 3	,191.3 F.E.	Harringt	on	20 UNDE	Patri	oks .	ADDRES	

REGISTRAR

G. Stanley Butler

N. Center St.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to brospinal meuingItis"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," fever (the only definite synouym is Statement of cause of death-Name, first, the disease Typhoid unqualified, is indefinite): Tubereumeninges, peritonaeum, etc., fever (never Diphtheria report "Typhoid "Epidemie eere-(avoid use



Local Registrar, Cumberland, Md.

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the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

SICIANS should PHYSICIANS RECORD 0 statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. widowed Worse (Write the word) QNIQNIB (Month) DATE OF BIRTH 1.836 ciassified. (Month) (Day (Year) TAGE If LESS than T 1 day hrs. THIS The CAUSE OF DEATH* OR ..... min. ? properly BOCCUPATION 5 (a) Trade, profession, or ۵ INK particular kind of work supplied. pe (b) General nature of Industry, SER > business, or establishment in UNFADING may which employed (or employer) 9 BIRTHPLACE Contributory carefully that it certificat (State or country) Secondary that 10 NAME OF FATHER 80 0 ARGIN WITH back PARENTS 11 BIRTHPLACE terms, (Address) pino OF FATHER (State or country) 6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country EATH of death _____ yrs. ____ mos. ___ _ ds. Where was disease contracted. WRITE 14 THE ABOVE If not at place of death? PE Former or OF Every item CAUSE OF Important. usual residence. CE OF BURIAL DR 16

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balton Rear sting V. S. No. 1.

12031

1 PLACE OF DEATH

state

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give Its NAME instead of street and number.1

MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY That I attended deceased from and that death occurred on the date stated above, at was as follows: (Duration) yrs. mos. ... (Duration) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ..... yrs. _ BURIAL 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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Mis Bank John Make

childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report



County Legacy	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [It death occurred in
* FULL NAME 6. CO. Grand	The spelad St.; Ward a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED  WHOMEO,  WHOMEO,  WHOMEO,  Write the word)  6 DATE OF BIRTH  (Month)  (Month)  (Day)  (Year)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE    It LESS than 1 day,	and that death occurred on the date stated above, at m, The GAUSE OF DEATH* was as follows:  Rule of Office of Office of the least result of the l
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
11 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)	(Signed) J. M. D. Cargull, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. ds.
(Address) (Addre	Where was disease contracted, The Navious new Combulsons former or usual residence Johnnas Manos H. Va.  15 Lece of Burgas OR REMOVAL DATE of BURIAL  15 Cruae Janor J. Va.  20 UNDERTAKER J. J. Va.  ABDRESS  LINE Contract Med.
If more blanks are needed, address State Registrs	r, 6 E. Franklin St., Balto., Requesting V. 8. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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12033 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St :----Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE it LESS than and that death occurred on the date stated above, at. t day, .... brs. The CAUSE OF DEATH* was as follows: OR ..... min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) → Duration) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ...... yrs. ..... mos. ...... ds. State ...... yrs. .... mos. Where was disease contracted. It not at place of death? Former or

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

usual residence

UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF

ADDRESS

BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who receive a definite salary), may be entered as mine, ecc. statement. (a) Spinner, It should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons (d)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "l'une peral scottchaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, If impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from "Senile." etc.). (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," _ (name origin; "Can death), 29 ds. State cause for Examples: For vio-01



S. No. 1.

B.ż See instructions on back of certificate.

PLACE OF DEATH 12034	STATE OF MARYLAND
10111 games	CERTIFICATE OF DEATH
County Guerry	Registration Dist, No.
Village or City maximuf (No. 2 PULL NAME Pussell Enrim	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White of the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17)  I HEREBY CERTIFY, That Vattended deceased from
Month) (Day (Year)	that I last saw h in alive on Reft 13 , 1913
7 AGE   It LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at P m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Cough Cough (Ouration) yrs mos 12 ds
9 BIRTHPLACE (State or country) Conacoming	Contributory Eutero Colitica Secondary (Ouration) yrs mos 5 ds
OF FATHER Charles Freeze  11 BIRTHPLACE OF FATHER (State or country)  12 C	(Signed) Junes O Bullock, M. D. (Address) macining
of Mother Mary Sawson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KN WLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Mrs Charles Green	If not at place of death?  Former or  usual residence.
(Address) & maconing Ma	PRIACE OF BURIAL OR REMOVAL  PRINTED COMMENTS  20 UNDERTAKER  ADDRESS  ADDRESS
Filed 14 , 1913 POULUS G	M. Encloser Consensel

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

10004

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under (Recommendations on statement of For VIO-



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0 ż 1 PLACE OF DEATH

12035

nt a	Registration Dist. No.
Village or City Cumberland (No. 7);	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeucele Matte Single, Married, Wisowes, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept. 14, 1913 (Month) (Day (Year)
DATE OF BIRTH  January S 1854  (Month) (Day (Year)  AGE   If LESS than	that I last saw he alive on Sept. 14 , 1919.
f day, hrs.  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Choleo-Cystitis with Janguene July Cledder (duration of Matter Condition unknown)
business, or establishment in which employed (or employer)  BERTHPLACE (State or country)  ### Distance (State or country)	Contributory acute hephitiz
10 NAME OF FATHER JOICH POLLS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
OF MOTHER Some Carriel  13 BIRTHPLACE OF MOTHER (State or country)  M  M  M  M  M  M  M  M  M  M  M  M  M	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds state yrs mos ds
(Informant). The BEST OF MY KNOWLEDGE  (Address)	Where was disease contracted. Comberla of Mid.  Former or usual residence. Cumberland Mid.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied SEP 16 1913 Harbarusha	Ross Hill Cen Sept. 17., 1913.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer of applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," Planter, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichae cause. ctc, when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital." "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronehopneumonia (secondary), 10 ds. Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

County Cleg	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City # 200 lbur No.	Registration Dist. No
* FULL NAME OVER	theresone an one and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WHOMED, WHOMED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Sep. 22, 1913  (Month) (Day) (Year)  170 I HEREBY CERTIFY, That I attended deceased from
Secender 2nd, 1907 (Month) (Day) (Year)	24 22 , 1913 to 14 22 , 1913 , that I last saw have allow on set 22 , 1913
7 AGE  11 LESS than 1 day, hrs. 0 cs. min.?	and that death occurred on the date stated above, at 9-15 mm, The CAUSE OF DEATH* was as follows: Strangulation
B OCCUPATION (a) Trade, protession, or particular kind of work	Perfectly well died in 11/2 hour in on extrem Gopeons Condition, Intuition To mobility was forfaced
which amployed (or employer)  BIRTHPLACE (State or country) Mary land	(Duration) yrs mos ds.  Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER HANSON  11 BIRTHPLACE OF FATHER OF FATHER  20	(Signed) I getter, M. D. Seft 22, 1913 (Address) I getter
OF FATOLE (State or country) Mary land  12 MAIDEN NAME OF MOTHER Pearl Bildington	*State the DISEASE CAUSING DEATH, or, in deaths from NIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Nary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
(Interment)	Where was disease contracted, If not at placa of death? Former or usual residence
(Address) Frastburg Md  15 Filed Sep. 23, 1913 Frankling REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  Prostburg Furniture & Undertaking Co.
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinosts

scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PULBPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronin ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.: Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement or "Dropsy," "Exhaustion," (name origin; "Can Never report Examples: For vio-



1 PLACE OF DEATH

County Allegary 12037	CERTIFICATE OF DEATH
odancy.	Registration Dist. No.
Village or City Commend. (No. Alle	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH Seltence 10, 1915.  (Month) (Day (Year)
6 DATE OF BIRTH Mark 31 , 1893	that I last saw h la allve on september 10, 1913
7 AGE (Month) (Day (Year)  1 tess that 1 day,hr  ORmin, ?	and that death occurred on the date stated above, at 110.70 m
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Jyphoid Flrey
which employed (or employer)  BIRTHPLACE (State or country)	Contributory I lesteral harmontage Secondary
10 NAME OF FATHER Shown Hickel	(Signed) Lo M. araraugh, M. D
OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Amanda Vests  13 BIRTHPLACE OF MOTHER (State or country)  13 Amanda Vests	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John To infel	Where was disease contracted, Cumululand huggers of death?
(Address) France M. ra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 11 1913 ₁₉₁ W. Adamushik	20 UNDERTAKER CORESS
If more blanks are needed, address State Reg	gistrar, 6 E. Franklin St., Balto., Reconstitute V. S. No.

STATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Scivant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canchildbirth or miscarriage as "Puerperal seplichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonilis," etc. etc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital." "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for the head of Never report



12038 PLACE OF DEATH State Very of OCCUPATION IS County Village or City RECORD 2FULL NAME statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 5 SINGLE, MARRIED, WIDOWED. (Write the word) Exact stated OF BIRTH classified. pe Month) Day (Year) TAGE If LESS than should 1 day .....hrs. INK-THIS OR ..... ? properly ACE BOCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. may be (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 80 0 WITH be on back See instructions on back ARENTS 11 BIRTHPLACE should OF FATHER (State or country) PLAINLY. 12 MAIDEN NAME OF MOTHER information 13 BIRTHPLACE OF MOTHER (State or country) OWLEDGE 0 item P Every item CAUSE OF Important. (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH.

Registration Dist. No.

St .:---...Ward

[If death occorred in a hospital or institution, give its NAME Instead of street and combar I

MEDICA	L CERTIFICATE OF DEATH
B DATE OF DEATH	Sept 4 191
	(Month) (Day (Year)
17 /I HEREI	BY CERTIFY, That I attended deceased from
Dept 4	1913 to Xept. 4 191
that Visat saw h	alive on
and that death occurred	on the date stated above, atm
The CAUSE OF DEATH	* was as follows:
Muk	www
	•
7 0 0 7 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
***************************************	(Ouration)yrsmosds
ContributorySecondary	
1	
	(Ogralion) yrs mos ds
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*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HON	(Address) / Milland, Mill CAUSING DEATH, or, in deaths from VIOLENT EANS OF INJURY; and (2) whether Accidentations.
*State the DISEASE CAUSES, state (1) MITTAL, SUICIDAL, OF HONO	(Address) / Milland / Mill
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HON	CAUSING DEATH, or, in deaths from VIOLENT ACCIDENTICIPAL.  NCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  In the
*State the DISEASE CAUSES, state (1) MY TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of deathyrs mo Where was disease contracted	CAUSING DEATH, or, in deaths from VIOLENT ACCIDENTICIPAL.  NCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  in the  ss. ds. State yrs, mes. ds
*State the DISEASE CAUSES, state (1) MY TAL, SUICIDAL, OF HON 18 LERGENT RESIDENTS At place of death	CAUSING DEATH, or, in deaths from VIOLENT ACCIDENTICIPAL.  NCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  to the os
*State the DISEASE CAUSES, state (1) MY TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of deathyrs mo Where was disease contracted	CAUSING DEATH, or, in deaths from VIOLENT ACCIDENTICIPAL.  NCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  to the os
*State the DISEASE CAUSES, state (1) MY TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDE OF RECENT RESIDENTS At place of death	CAUSING DEATH, or, in deaths from VIOLENT ACCIDENT MICIDAL.  NCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  in the case of the
*State the DISEASE CAUSES, state (1) MITAL, SUICIDAL, OF HON TAL, SUICIDAL, OF HON TAL, SUICIDAL, OF HON TAL, SUICIDAL, OF HON RECENT RESIDENTS At place of death	CAUSING DEATH, or, in deaths from VIOLENT AND INCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  In the os. ds. State yrs, do

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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto./Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulit should be used only when needed. As examples: For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Wcakness," tbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

BUREAU. V.S.

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### V. S. No. 1.

N. B.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City Cumberland (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make Colored Single, Single Wipower, Surgle Wipower, Wipower, Wipower, Wipower, Wipower, Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month)  Beat of Birth  (Month)  (Day  (Year)	that I last saw halive on
7 AGE  If LESS than 1 day,hrs.  ORmln.?  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nafure of indusfry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at most of the cause of Death* was as follows:
9 BIRTHPLACE (State or country)  10 NAME OF  110 NAME OF	Contributory Secondary (Duration) yrs mos de
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CHICAGO TARRET  TARRET  TORRET  T	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?
(Address) 2 / Dornly for alley  16 Filed OCT 3 1913 January REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  CLEG Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: But in many "Foreman," (4)

Icsis of lungs, meninges, peritonacum, etc., ("Pneumonia," Pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) Statement of cause of death-Name, first, the DISEASE (the ouly definite synonym is meniugitis"); Typhoid unqualified. is indefinite): Tubercufover (never Diphtheria report "Typhoid "Epidemic cerc-(avoid use of

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, ctc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if lmpossible to determine definitely. Examples: ctc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "PUERPERAL septichac-The nature of the "Exhaustiou," Never report



S. No. 1.

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PLACE OF DEATH 12039 County August	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Control (No. 202, -	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Self (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her alive on about 6 lux oguer
73 yrs 2 mos ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer) at Acrice	(Duration) / yrs. ( mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration) yrs mos ds.  (Signed) A A A A A A A A A A A A A A A A A A A
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  (1)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental
2 12 MAIDEN NAME OF MOTHER // //	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOANGESTED
13 BIRTHPLACE OF MOTHER (State or country) // // //	At place _ in the of death yrs mos ds. State yrs mos ds
(Informant). I forward (Informant).	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 2 6 2 Jany Tre	old Jown Md Date of Burial
SEP 19 191391 A Tlouises And	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds., State cause for "Exhaustion," For vio-



0 0 PHYSICIANS shoul Registration Dist. No. Tif death occurred in RECORD a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, BINDING (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day TAGE If LESS than U and that death occurred on the date stated above, cia 1 day.....hrs. The CAUSE OF DEATH OR ..... min. ? properi BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of Industry, business, or establishment in UNFADING (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory ..... carefully a that it is certificate Secondary 10 NAME OF FATHER 00 (Signed) terms, n back ARENTS 11 BIRTHPLACE pin OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-60 ATH in plain instructions o 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of inford ... Q yrs. Q mos. 3 (State or country) State Where was disease contracted. 14 THE ABOVE IS OF MY KNOWLEDGE If not at place of death? OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDER THER ADDRESS Filed. σż m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12040

1 PLACE OF DEATH

state Very

STATE OF MARYLAND

CERTIFICATE OF DEATH

(Year)

1915

[Approved by U. S. Census and American Public Health Association.]

statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yes.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-(a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and quality as cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Candent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenpenal septichac-"Heart failure," "Haemorrhage," "Iuanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal couditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) (Recommendations on statement of may be stated under the head State cause for Never report For



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR INK-THIS RESERVED UNFADING MARGIN WRITE PLAINLY, WITH V. S. No. 1.

N. B.

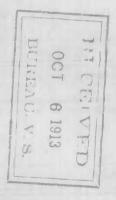
PLACE OF DEATH 12041	STATE OF MARYLAND
11 660000	CERTIFICATE OF DEATH
County Ce yang	Registration Dist. No.
200	Registration Dist, No.
Village or City allegany M. (No	St.; Ward) [It death occurred in a hospital or institution,
200 0	give its NAME Instead
FULL NAME Collen Kane	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH ACAT AT
MARRIED, WIDOWED	- 1919 1919
remale White (Write the word) you	(Month) (Day (Year)
6 DATE OF BIRTH	1 h = 20 2 2 16 10 011 2
1834	lan hala an 2
July (Month) / O (Day (Year)	that I last saw h. L. Calive on A. J. J. 1912
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 2 m
yrs mos Lds. OR min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION d/	ancer of face
(a) Trade, profession, or House Reefeer	<b>A C</b>
(b) General nature of Industry,	
business, or establishment in Hause Reefey	(Duration) O yrs. mos. ds.
9 BIRTHPLACE (State or country) Low	Contributory
- (State or country) & Children T. Descrip	Secondary
10 NAME OF A A A A A	(Ouration) yrs mos ds.
James of the	(Signed) . M. D.
of Father & Lace	SHUT 2/, 1912 (Andress) TWA vury Ma
(State or country) 60 Man	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 BIRTHULACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
VIII and All	If not at place of death?
(intermant)	usual residence
(Address) allogues Dring	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Popler Ceruit 9/28, 1913
Filed Sept 28, 1913 Suffith	20 UNDERTAKER ADDRESS
REGISTRAR	Frestburg Furniture & Undertaking Co.
If more blanks are needed, address State Regist	crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 "Exhaustion," For vio-



S. No. 1.

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RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	12042	STATE OF MARYLAND
Co	unty Allanassa	CERTIFICATE OF DEATH
00	unity and account of the second of the secon	Registration Dist. No.
Vii	Page or City Gambaland (No.172, C	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH A 1/0 2
1	MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	Aug 17, 1913, to aug 20, 1913.
	Drc 3 1212	<b>5</b> 3 . 3
	(Month) (Day (Year)	that I last saw h alive on
TA	II LEGO Man	and that death occurred on the date stated above, atm,
	yrs 8 mos 2 8 ds. OR min.?	The CAUSE OF DEATH * was as follows:
	CCUPATION	Diarrhora O enecues
	Trade, profession, or ricular kind of work	
(b)	General nature of Industry,	***************************************
bus	ness, or establishment in ch employed (or employer)	(Duration) O yrs mos ods.
	RTHPLACE (State or country)	Contributory
	10 NAME OF FATHER	(Signed) (Doration) yrs mos ds.
NTS	11 BIRTHPLACE OF FATHER (State or country)	The 3, 1913 (Address) Cumb my
PARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
щ	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Edward Dones	If not at place of death?
	Informant)	usual residence
	(Address) Casardaalcarad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	SEP 2 1913 Havannetti	WOUNDER AKER MOLYON ADDRESS
	If more blanks are needed, address State Regist	traf. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Gröcery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephrilis ture of the American Medical Association. cause of death approved by Committee on Nomencla scpsis, tclanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless Important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for mallg-The contributory (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Never report For VIO-



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PHYSICIANS of OCCUPAT	²FU	ILL NAME	Jacob
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should be stated EXACTLY. y classified. Exact statemen	Male	4 COLOR OR RACE	MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)
.17	8 DATE OF BIRT	TH Just	Ly 18
De la	7 AGE	(Month)	/ (Day
should y class	· AGE	47 yrs. 1	mos 23 ds. 0
AGE	8 OCCUPATION  (a) Trade, profession particular kind of the force of th	work	Lorer
be carefully supplied. s, so that it may be in the contilicate.	which employed (or	blishment in remployer)	
arefully st that It m certificate.	9 BIRTHPLACE (State or co		many
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of Information DEATH in plair see instructions	The state of the s	HER or country)	"
of Ir DEA See i	14 THE ABOVE	S TRUE TO THE BES	T OF MY KNOWLES
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PLACE OF DEATH

12043

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If LESS fhan

f day,....hrs. OR ..... ?

WLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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00 -	Kegistra	ation Dist.	NO	
oskey	St.;	Ward)	a hospitai	th occurred in i or institution, NAME instead and number.]
4				
WEDI	CAL GERTI	FICATE OF	DEATH	
16 DATE OF DEATH	Jubi	4		1013
	(M	Ionth)	(Day	, 191.4. (Year)
17 I HER	EBY CERT	IFY, That I	ttended de	ceased from
Vug 2.	1 1913 1	o Dep	6-11	1913.
-		De la	- 25	2
that I last saw hum	alive on	aces		, 191.,
and that death occur	red on the c	late stated a	bove, at	P. m.
The CAUSE OF DEA	TH* was as	follows:		
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*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or F.	SE CAUSING MEANS OF I	DEATH, or, i	n deaths fi (2) wheth	om VIOLENT
18 LENGTH OF RESI	DENCE (FOR	HOSPITALS, I	STITUTIONS	TRANSIENTS.
OR RECENT RESIDEN	ITS)	in the		
of death yrs.	mos ds		yrs.	mos ds
Where was disease confrac				
If not af place of death?				
Former or usual residence				
19 PLACE OF BURIA	L OP BENO	VA1 1	DAYE OF	
8 - N	Y D	AL	DATE OF E	0
1 Teles	Van	10	and the	13, 191.3
20 UNDERTAKER	0		ADDRESS	
1	X		P	1



[Approved by U. S. Census and American Public Health Association.]

ness. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton-mill; (a) Salesman, As examples: "Foreman," (6)

pneumonia"); CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercuprospinal fever (the only definite synonym is "Epidemic cercterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Carein-

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS. State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



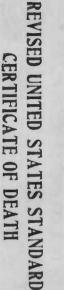
. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR 0 RESERVE item of information should be carefully supplied.

E OF DEATH in plain terms, so that it may be it int. See instructions on back of certificate. MARGIN WRITE PLAINLY, WITH CAUSE OF Important.

> a ż

1 PLACE OF DEATH	STATE OF MARYLAND
County allegant 1204	4 CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City Zilfrin Wed (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME funca au	as frumbie
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	ingle 16 DATE OF DEATH Seft 28, 1913.  (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Zele 23 (Month) (Day	, 191, to
yrs. — J mos. — 3 ds.	If LESS than and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Ul and and.	Contributory
10 NAME OF FATHER STARY Kinember	(Signed) Hm. A. Shaw Caroner, M. D.
11 BIRTHPLACE OF FATHER (State or country) Plane	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Cares. Wenne	TAL, SUICIDAL, OF HOMICIAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) All androne	At place In the ot death yrs. mos. ds. State yrs. mos. ds
(Informant) Henry . S. Krienne	If not at place of death?  Former or  usual residence.
(Address) Gilpsin W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Left 30, 1913
File Oct, 23, 1913 Descriett	20 UNDERTAKER ADDRESS
	State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
and the bearing are necessary address	bette in Sibilat, o is Frankin St., Daito, Requesting v. S. No. I.

STATE OF MARVIAND



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations duties of the honschold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons retnrn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified. Is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemin." "Weakness," thenla," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-".Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. three of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



V. S. No. 1.

N. B.-

	RECORD	PHYSICIANS should state of OCCUPATION IS very
No.1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
2		MOE

1 PLACE OF DEATH 12045	STATE OF MARYLAND
County Callagana	CERTIFICATE OF DEATH
near the ald Stines Hom.	Place on Kick mounting
Village or City(No	St.; Ward) a hospital or institution,
2FULL NAME Catherines Q	give its NAME Instead of Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Selfer 3 yacs , 1913 (Mouth) (Day (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
Jun 24 , 1854	All 30 1912, to light 22 1913,
(Month) (Day (Year)	that I last saw helt alive on fift 22 1917
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at / 240 m
yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work A. E. al. A. S. Lask	Myst Lines
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Malana
10 NAME OF FATHER	(Signed) (Duration) yrs 17 mos ds.
11 BIRTHPLACE OF FATHER (State or country)	Seffe 24 , 1913 (Address) Temeline Out
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Asther Jones	if not at place of death?  Former or  usual residence.
(Address) the toral as a the Mass	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRE 24 1913 Lalph Registran	20 UNDERTAKER ADDRESS
	rgt, G E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septiehae ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12046

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[if death occurred in

1910

(Year)

a hospital or institution,

give its NAME instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

pneumonia"); "Croup";) brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Icsis of lungs, meningcs, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia Examples: Cerebrospinal (avoid use

> nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," cause for



S. No. 1.

B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD See instructions on back of certificate. important. ż

1 PLACE OF DEATH 12047

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

fif death occurred in a hospital or Institution, give its NAME instead

	FULL NAME Mary aug	ela Lavii of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH & 2 2 , 19/3  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 9/4, 1912, that I last saw h & alive on 9/4, 1913
7 A		and that death occurred on the date stated above, at 2 9 m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION   Trade, profession, or   Iridular kind of work	(Signed)  (Signe
4	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the ot death
	(Informant) John Laun	If not at place of death?  Former or  usual residence
15 FI	(Address) Colon Manager Manage	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  1913  20 UNDERTAKER  Permittion to Address  None. Lamily  Captart Md
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.cated thus: duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report For vio-



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1 PLACE OF DEATH

12010

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(Year)
if LESS than

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) and that death occurred on the date stated above, a Contributory Secondary (Duration (Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL, 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death ..... yrs. .... mos. A.P. ds. Where was disease contracted, If not at place of death? usuai residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS



[Approved by U. S. Consus and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. tiou is very important, so that the relative healthfulstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases. especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carein-

aant neoplasms); Measles; Whooping eough; Chronic mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenchi-"Contributory." is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," The nature of the "Exhanstion," Never report



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [It death occurred in .Ward) a hospital or Institution. give Its NAME instead lie a. Me abre of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. .... State ..... yrs, ..... mos, ..... ds __ ds. Where was disease contracted. If not at place of death?...

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[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of State cause for Never report For vio-



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1 PLACE OF DEATH

12050

(Year)

if LESS than

f day, .....hrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

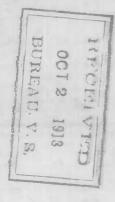
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18 LENGTH OF RESIDENC OR RECENT RESIDENTS) At place of death	E (FOR HOSPITAL In the ds. State	s, Institutions	mos d

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of agetiou is very important, so that the relative healthfulgainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first liue will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Coutributory." LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerferal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under (Recommendations ou statement of "Dropsy," "Exhaustion," State cause for Never report the head



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PHYSICIANS

Information

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 12051 CERTIFICATE OF DEATH SICIANS Should OCCUPATION IS Registration Dist. No PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work... pe (b) General nature of industry, business, or establishment in which employed (or employer) ..... certificate. Contributory ..... BIRTHPLACE carefully of that it Secondary (State or country) 10 NAME OF FATHER 0 terms, a PARENTS . 191.3. (Address) 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain ATH in plain instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of inform DEATH of death _____ yrs. ___ mos. ___ State ..... yrs ..... mos ..... ds Where was disease contracted. See if not at place of death? Former or OF usual residence Important. BURIAL OR REMOVA Every 15 20 UNDERTAKER

ADDRESS REGISTRAR

lif death occurred io

a hospital or institution,

give its NAME instead of street and number. ]

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

("Pnenmonia," pnenmonia"); Lobar brospinal term for the same disease. Examples: Cerebrospinal time and cansation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"): Typhoid unqualified. is indefinite): Tuberenfever (never report "Typhoid pneumonia; Bronchopneumonia Diphtheria (avoid use

> uant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." sepsis, injnry, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), Measles (disease cansing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," The nature of the State canse for "Exhanstion," Never report For vio-



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state

OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Willest 2 Morres  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF FATHER Many Species  13 BIRTHPLACE OF MOTHER Many Species  14 BIRTHPLACE (Signed)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of RECENT Residence) in the	Vill	age or City Combod (No. 437, 16	Equive St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
MARKE MONOMED COMPAND (Nonth) (Day (Year)  DATE OF BIRTH  OCCUPATION (B) Tadge   It LESS than   1 day, hrs.   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   19   3   1		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 SEP 15 1918  16 SEP 15 1918  17 MARCHART  A MOTHER (Informant)  18 CONTRIBUTORY Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Buration)  (Signed)  (S	7 A C	/ / / 1 day,hrs.	
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13 BIRTHPLACE OF MOTHER (State or country)  At place of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, If not at place of death?  Former or usual residence.  13 BIRTHPLACE OF MOTHER In the of death yrs. mos. Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Revenue:  15 SEP 15 1918	AR	(State or country)	
Where was disease contracted, if not at place of death?  Former or usual residence.  (Address) Canada Canad		13 BIRTHPLACE OF MOTHER (State or country)  Ahoole assemble	At place In the of death yrs mos ds. State yrs mos.
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1 PLACE OF DEATH

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STATE OF MARYLAND

CERTIFICATE OF DEATH

B DATE OF DEATH	Sept (Month)	13	, 1913
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18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS, TRANSIENT
At place	In the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud eausation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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	PLACE OF DEATH 12053		STATE OF MARYLAND	
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	PERSONAL AND STATISTICAL PARTICULARS	11	MEDICAL CERTIFICATE OF DEATH	
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(a)	CCUPATION Trade, profession, or Jeachor - ricular kind of work	***************************************	Syphoel Fever	***************************************
bus	General nature of industry, iness, or establishment in ch employed (or employer)		(Doration) yrs mos 3	Z.ds.
9 B	RTHPLACE tate or country) Lave cook Md.		Gentributory (Secondary)	ds.
	10 NAME OF G. W. Merray.		(Signed) MADE AGA,	M. D.
ARENTS	State or country Haucooff.	0	*State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acci-	AH C
PAR	13 BIRTHPLACE  AND	m	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFOR RECENT RESIDENTS) At place  In the	
14 _T	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	//c/.	of death yrs mos ds. State yrs mos Where was disease contracted, if oot at place of death?	ds.
	informant) . W. Murry		Former or  USUAL TESTIGENERAL OR REMOVAL  POTE OF BURIAL OR REMOVAL	**********
16 Fil	(Address) (Lunbo) (Lefy,  BEP 24 1913 Francish  Regis	25	20 UNDERTAKER ADDRESS	91.3
	If more blanks are needed, address State	Regis trai	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

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ESERVED MARGIN

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT CTLY. SIHL properly AGE UNFADING may certificate. that it 80 0 should plain instructions information c DEATH WRITE ţ, item LO Every item CAUSE OF Important. m

### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St :----Ward) a hospital or lostitution. give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1848 (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. .... mos. .. State Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa is very important, so that the relative realthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage. as "Putereral septichaecause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Mara" genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 de.: affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, uant neopiasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Examples:



MARGIN RESERVED FOR BINDING

vi

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1	PLACE OF DEATH 12055	STATE OF MAR	
Co	unty allegand	CERTIFICATE OF	FDEATH
00		Registration Dis	t. No.
VII	lage or City Charles Cared (No. 3/, A	Decation St.; Ward)	[If death occurred in a hospital or institution, give its NAME Instead
	2 FULL NAME Mary freue &	lyabeth Weff	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
351	4 COLOR OR RACE  Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH Sufet. (Month)	29 ,1913 (Day (Year)
6 0	ATE OF BIRTH	17   HEREBY CERTIFY, That	
- 5	Color 31 881	Jaw. 3. 1913, to Act	L. 29 , 1913,
	(Month) (Day (Year)	that I last saw h alive on sefer	. 28 ,1913
TA		and that death occurred on the date stated	above at John.
	19 · 1 29 1 day,hrs.	The CAUSE OF DEATH* was as follows:	1
8.	yrsmosds.   ORmin. ?	Suberculasis of In	mgt
	CCUPATION Trade, profession, or		
	rticular kind of work		*************************************
bus	General nature of industry, iness, or establishment in	(Ouration)	vrs. 8 mos. ds.
_	ch employed (or employer)	( f	
9 B	RTHPLACE (State or country)	Secondary 4 Manualla	# ************************************
	1100	(Doration)	yrsds.
	10 NAME OF FATHER ON A SE	(Signed) Itanoch 1	and I . H. C.
S	11 BIRTHPLACE	Supt 30, 1913 (Address) an	celestant mis
Z	OF FATHER (State or country)		A. A. (1) C. T.
PARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; ar TAL, SUICIDAL, OF HOMICIDAL.	in deaths from VIOLENT d (2) whether Acciden-
PA	OF MOTHER Jalella Waters	18 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS TOANSITUTE
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the	yrs, ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Istarmant) Wa. Weff	Former or	14 000000000400 mm1 0000000 000000000000
	(Informant)	usual residence	· · · · · · · · · · · · · · · · · · ·
	(Address) 3/ Devalus Af	19 PLACE OF SURIAL OR REMOVAL	DATE OF BURIAL
16	000000000000000000000000000000000000000	More till	Depo. 30, 191 3
FII	ed SEP 30 1918 TAVaringhi	20 UNDERTAKER	ADDRESS
	REGISTRAR	mis plain	Grandel
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S	No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as daties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (d)

pneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to ("Pneumonia," brospinal meningitis"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted 'Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, (the only definite synonym is Typhoid unqualified, is Indefinite): Tubercumeninges, peritonaeum, etc., fever (never report "Typhoid Diphtheria (avoid use "Epidemic cere-

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., whou a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated nuless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can three of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injniy, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Inmor" for malig The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the "Exhaustiou," For vio-



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RECORD

12056St.:...Ward) * FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. Write the word 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than 1 day. hrs. The CAUSE OF DEATH * was as follows: OR .... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death (State or country) _____ yrs. ..... mos. State ..... yrs. _ Where was disease contracted. If not at place of death? usual residence (Address) 15

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No...

Lif death occurred in a hospital or institution, give its NAME lostead of street and number.]

MEDICAL CERTIFICATE OF DEATH and that death occurred on the date stated above, at

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative dealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," -Coal 9

Statement of cause of death—Name, first, the dibeable caubing death—Indeed on with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc... Carcin-

childbirth or miscarriage, as "PUERPERAL septichae cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Okronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. Never report uant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: FOF VIO-



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Village or City Tentling (No. 69	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; 2 (Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, WIDDWED, DRDIVDREED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  (Month) (Day) (Year)	that I last saw he allve on Sefet 37 1913.
7 AGE If LESS than 1 day,hrs. 0 mos. 4 ds. 0 min. ?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Frade, profession, or particular kind of work	daghter Jenn
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. 20ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OFFATHER  2 (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)  (Signe
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) The level Welfare	If not at place of death?  Former or usual residence
(Address) Successing the	Frostburg Hodo Sept. 16,1913.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who receive a definite salary), may be entered as minc, etc. Acatlon, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocblldbirth or miscarriage, as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustlon," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, v. s.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County	PLACE OF DEATH 12058 Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
Village o	Planter In 1	Registration Dist. No.  [If death occurred in a hospifal or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PETTI
3 SEX	4 COLOR OR RACE  WIDOWED, WIDOWED, WIDOWED, WITH WOOD WITH the word	MEDICAL GERTIFICATE OF DEATH  16 DATE OF DEATH  (Month)  (Day (Year)
6 DATE O	F BIRTH  May 28 , 1857  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE	56 yrs 3 mos 6 ds OR min.?	and that death occurred on the date stated above, at
particular I	profession, or Conductor -	Chronic Valvula feat disease
business, o which emplo	i nature of industry, or establishment in oyed (or employer) Curuld & A. Co.  LACE or country)	Contributory Secondary
F.	AME OF ATHER BERNARD, O Donnell IRTHPLACE	(Signed No. A. Lhan Caroner, M. D. Left 6, 1913 (Address) Cambridan Ond
TE NO CO	State or country)  AIDEN NAME DF MOTHER  Bridget Gleason	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
0(	RTHPLACE F MOTHER State or country)  BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Onthe Downself	Af place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, Circularely lead.  Former or usual residence.
15 SE	p 8 1913 Francisco	19 PLAGE OF BURIAL OR HEMOVAL DATE OF BURIAL  20 UNCERTAKER ASORESS  ASORESS
0		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing dearn, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," ctc. State cause for which surgical operation was undertaken. For violent pearty state means of injury and qualify as valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septiekacetc., when a definite disease can be ascertained as the genital." "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inauilien," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

important. See instructions on back of certificate.

N. W.

**82** 

PLACE OF DEATH

County alle Jany 12059	CERTIFICATE OF DEATH Registration Dist. No. 12
700	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17.  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Ook 28, 19/2  (Month) (Day) (Year)	that I last saw h
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Yrade, profession, or particular kind of work  (b) General nature of industry, business, or establishment to which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Capullary Boone Letter (Secondary)
10 NAME OF FATHER ELECTION CUTINS  11 BIRTHPLACE OF FATHER (State or country) Elk Jandew U. Va  12 MAIDEN NAME OF MOTHER (STATE OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHE	(Signed)
OF MOTHER Judan & Futch kiss  13 BIRTHPLACE OF MOTHER (State or country) Elk flanden W, Va  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) MSS USWING O'LLENS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, 11 not at place of death?  Former or usual residence.
Filed Sept 3 1913 AAChailes  REGISTRAR  15 more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  McLueric Country Frostburg Left 4, 191.3.  20 UNDERTAKER  Aug. Ecchorn Londoning Md  Left G. E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measies (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUILDAND V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT very item of information should be carefully supplied. AGE should be stated EXACTLY. AUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement progrant. See instructions on back of certificate.	RECORD	PHYSICIANS should state of OCCUPATION IS very
B. B.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 12060	STATE OF MARYLAND
County Illegan	CERTIFICATE OF DEATH
County	Registration Dist. No.
Willes and a selford on 31	Ill death occurred in
Village or City (No. 2)	St.; Ward) a hospital or Institution, give its NAME lostead
Amazola H	Le Box of street and number.]
*FULL NAME///// CO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOVED, WIDOWED,	18 DATE OF DEATH Sept 18", 1913
Generale (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That Attended deceased from
6 DATE OF BIRTH	Let 12 "1913, to less 1, 1913.
Decreeter 7, 1840	1 2 2 1
(Month) (Day) (Yéap)  7 AGE   If LESS than	that I last saw h alive on 191
1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
0 0 yrs ds.   ORmin. ?	Organia he at
(a) Trade, profession, of Louise love	
particular kind of work  (b) General nature of industry,	CCCOCC
business, or establishment la Vouse work	(Ouration) /S yrs mos os
which employed (or employer)	Contributory 7 Co
(State or country Levelous faced lakery La	(Secondary) mos ds.
10 NAME OF G A SI	10 man
o Hamman Order	(Signed) (Address) (Address)
OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, OF In deaths from Violente
12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of Mother Low of 10 elevery	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	at place to the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds. Where was disease contracted.
THE ABOVE THE TO THE BEEN OF MY KNOWLEDGE	If not at place of death?
(Informant)	usual residence Desnatelland ma
(Address)# 3/ Co Lubbeco J	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 OFF OF 1919 TO THE TOTAL OF	osettel fanter luget 1/22, 1913
Filed SEP 22 1918 T. Manuegh	20 UNDERTAKER ADDRESS
If more hlanks are needed, address State Registran	of Themplin St. Dalso Boundly V. G. V.
marc mann are accord, accress prate neglight.	, v m. stankill St., Daito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons The question "Foreman."

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar ineumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage. as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin : "Can "Exhaustion," cause for de:



S. No. 1.

### PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in piain terms, so that it may be properly classified. UNFADING INK-THIS IS WITH Every item of information should be CAUSE OF DEATH in plain terms, s

certificate.

ō

See Instructions on back

Important.

PLACE OF DEATH

12061



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;	.Ward
------	-------

[If death occurred in a hospital or Institution, give its NAME instead of street and number. ]

		No. TX
2 FULL	NAME	- Crall

SOCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 day,hrs. ORmin.?  Contributory. (Secondary)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)	
** OCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature ef industry, business, or establishment in which employed (or employer)  **BIRTHPLACE*  **Contributory** (Signed)  **The CAUSE OF DEATH** was as follows:  **Contributory** (Signed)  **The Cause**  **The	deceased from
if LESS than 1 day,hrs.  yrs	
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (Signed)  (Signed)  (Signed)  (Signed)  (Address)	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  ONAME OF FATHER  ON 11 BIRTHPLACE  ON 11 BIRTHPLACE  ON 12 BIRTHPLACE  ON 13 BIRTHPLACE  ON 14 BIRTHPLACE  ON 15 BIRTHPLACE  ON 15 BIRTHPLACE  ON 16 BIRTHPLACE  ON 17 BIRTHPLACE  ON 17 BIRTHPLACE  ON 17 BIRTHPLACE  ON 18 BIRTHP	
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE  12 (Address) L. (Signed)	mosds.
O 11 BIRTHPLACE	mne de
OF FATUED	
2 12 MAIDEN NAME . CAUSES, State (1) MEANS OF INJURY; and (2) whe	rom Violent her Acciden-
13 BIRTHPLACE OF MOTHER (State or country)  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIO OR RECENT RESIDENTS)  At place of deathyrsmosds. Stateyrs,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Profit   Where was disease contracted,   if not at place of death?   Former or   usual residence.	
(Address) 119 PLACE OF BURIAL OR REMOVAL DATE OF SURIAL OR REMOVAL Sept Surial Sept 20 UNDERTAKER ADDRESS	BURIAL 3

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPTERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maran genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. usat neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never repor Examples: FOT VIO



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 12062	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City And Cho. here	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED, ORDIVORCED (Write, throwood) 94	16 DATE OF DEATH  Soft  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw har allve on safe 24, 1913.
7 AGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State: or country)	(Duration) yrs. mos. /2 ds.  Contributory Apasus. Secondary
10 NAME OF FATHER Secret Rechmerer  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER OF MOTHER	(Signed)
of Mother Ella Delaney.  13 BIRTHPLACE OF MOTHER (State or country)  The delanese of the state o	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds
(Address)  (Address)  (Address)  (BEP 25 1918 Filed SEP 25 1918 FREGISTRAR	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (d)

lesis of lungs, pneumonia"); Lobar pucumonia; Bronchopneumonia time and causation), using always the same accepted causing death (the primary affection with respect to brospinal meningitis"); term for the same disease. Examples: Cerebrospinal ("Pneumonia," "Croup";) fover (the only definite synouym is Statement of cause of death-Name, first, the DISEASE Typhoid unquallfied, is indefinite): Tubcrcumeninges, perilonaeum, etc., fover (never report "Typhoid Diphtheria "Epidemic cere-(avoid usc

> such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inauitlou," "Maras "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. "Coutributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations ou statement of may be stated under the head of "Dropsy," The nature of the "Exhaustlou," Never report



PLACE OF DEATH 12063	STATE OF MARYLAND
County are green #13;	12 1 Sunceion CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City Cercus Leng Car	St.; / Ward)  [If death occurre a hospital or lostitugive its NAME los
* FULL NAME Many Rey	uolds of street and nombe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Essex 4 COLOR OR RACE 5 SINGLE, MARRIED, WISHING CO. OR	16 DATE OF DEATH (Month) (Day) (Year)  17 A I HEREBY CERTIFY, That I attended deceased in
DATE OF BIRTH  (Month) (Day) (Year)	Doff 75 , 1913, to 24 75 , 1915 that I last saw h. Or alive on 24 25 , 1916
7 AGE 7 Co. yrs. 5 mos. 9 ds. ormin.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or Pouce particular kind of work	Mugus Pet ous
(b) General nature of Industry, business, or establishment in which employed (or employer)	V Jaw Recold (Doration) yrs. mos.
(State or country) Weery Courd	(Secondary)
10 NAME OF FATHER Paywords	(Signed) 610 Clayron mos.
11 BIRTHPLACE OF FATHER (Stite of country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN
of MOTHER OF a Requally	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accides
13 BIRTHPLACE OF MOTHER (State or country)  Veel and	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place
(Informant)	Where was disease contracted, If not at place of death?  Former or
(Address) let Severs lee,	19 LACE OF BURIAL OR BEMOVAL DATE OF BURIAL
Filed SEP 26 1918 Tavany M	29 UNDERTRIED ADBRESS
ILEGISTAN	Le la

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage. as "Purpreral scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanitlon," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acci-Bronchonncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumer" for mails The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Can "Exhaustion," Examples: cause for



RESERVED FOR BINDING MARGIN

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cor	PLACE OF DEATH 12064	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
Vii	2 FULL NAME Refree	E Robinson  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day) (Year)	1910, to Syll 2 1913, that I last aaw h alive on Syll 2 1913.
7 AG	6 yrs. 5 mos. 6 ds. 0R min.?	and that death occurred on the date stated above, at
(a) 1 part (b) busin whic	CUPATION  Irade, profession, or  Icular kind of work.  General nature of industry,  ess, or establishment in  h employed (or employer)  GTHPLACE  ate or country)  The country of the coun	(Ouration) 3 yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. ds.
S	10 NAME OF BENJamin Rivber  11 BIRTHPLACE Easton Tallot Co mot	(Signed) (Address) Justilling A.
ARENT	OF FATHER (State or country)  12 MAIDEN NAME Charlott Fogle OF MOTHER	(State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵	13 BIRTHPLACE Firederick co md (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informant)	Where was disease contracted, if not at place of death?  Former or usual residence
16 File	REGISTRAR	Frostburg Abd, Sept. 2.3, 181.3, 20 UNDERTAKER Hafer Frostburg Aba
100	If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Acation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maiigoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for For VIOd8.;



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
1

PLACE OF DEATH	12065	STATE C	OF MARYLAND
County Alle Jany	IN	CERTIFICA	ATE OF DEATH
Village or City Barto	(No		ward) [If death occurred a hospital or Institution
FULL NAME MAS IC	athain o	Pozau	give its NAME Instea of street and number.]
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIF	ICATE OF DEATH
A a la wide	GLE, IRIED, DWED, DWED, WORCED to the word)		Month) (Day) (Year)  TY, That I attended deceased from
B DATE OF BIRTH  (Month)	ners 1	bergley 1 1912, to	
	1 day bre	e CAUSE OF DEATH * was as f	te stated above, at 3 a mollows:
(a) Trade, profession, or particular kind of work.  (b) Benoral nature of industry, business, or establishmoot in		with charter	ation) yrs mos ds
which employed (or employer)  BIRTHPLACE (State or country) Fuland	•	Contributory fuantiles	ration) yrs 1 mos ds
10 NAME OF FATHER Mart	us là	1 / 1	Borlow and
Z (State or country) Yelun A		*State the DISEASE CAUSING DE	MATH, or, in deaths from VIOLENT URY; and (2) whether ACCIDEN-
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Lukum	At of	place death yrs, mos ds.	OSPITALA, INSTITUTIONS, TRANSIENTS In the State yrs, mos, ds.
(Informant) Man. Ragan	If Fo	here was disease contracted, not at place of death? rmer or ual residence	
(Address)	Se Se	PLACE OF BURIAL OR REMOV.	e Sy7 28 ,1913
Filed Sy + 22,1913 . U	REGISTRAR	oundertaker D. B. Boal	Burton
If more blanks are needed	i, address State Registrar, 6	E. Franklin St., Balto., Requesti:	ng V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the diberase causing death—Name, first, the diberase causing death—Name, first, the diberase diberase disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid diberumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 da.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (secondary or Intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



YSICIANS should OCCUPATION IS Registr PHYSICIANS Village or City RECORD 0 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERT PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, ) BINDING (Write the word) Exact HEREBY CER stated DATE OF BIRTH classified. that I last saw home alive on 4 be (Month) (Day (Year) 7 AGE if LESS than pinous and that death occurred on the FOR t day ......hrs. THIS The CAUSE OF DEATH * was a OR ..... min. ? properly 8 OCCUPATION AG INK (a) Trade, profession, or ESERVED particular kind of work supplied. (b) General nature of industry, pe UNFADING business, or establishment in may which employed (or employer) ..... that it mi 9 BIRTHPLACE (State or country) Contributory Secondary carefully r 10 NAME OF FATHER 0.0 MARQIN WITH terms, 11 BIRTHPLACE OF FATHER PARENTS (Address) pinons (State or country) " *State the DISEASE CAUSING CAUSES, state (1) MEANS OF 0 PLAINLY 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. DEATH in plain OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR 11 OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death WRITE Where was disease contracted 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE See if not at place of death? of Former or Item 0 (Interment) usual residence Important. Every Ite (Address)..... 15 No. 1913 SEP 20 UNDERTAKER Filed.

1 PLACE OF DEATH

state

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12066

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestion. S

### STATE OF MARYLAND CERTIFICATE OF DEATH

OF MARY	LAND
ATE OF	DEATH
ation Dist.	No.
Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
IFICATE OF I	DEATH
Nonth)	7 ,1913 (Day (Year)
711-	tended deceased from
Sept	7 , 191 3
date stated ab	ove, atm.
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Duration)	yrs mos ds.
(Duration)	yrs mos ds.
7. Sh	reie M.D.
Questo	rland ma
	deaths from VIOLENT (2) whether Acciden-
HOSPITALS, IN	STITUTIONS, TRANSIENTS,
in the	yrs ds
thort.	Md.
VAL MA	ARE OF BURIAL
- 1114	1910

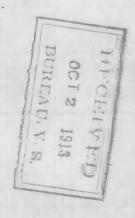
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy." "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head State cause for Never report For vio-



### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

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67/	11		STATE OF MARYLAND
	15,	•	CERTIFICATE OF DEATH
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PLAGE OF DEATH 12067	STATE OF MARY	LAND
111.0-	CERTIFICATE OF	
County August		
	Registration Dist.	No. 8
Village or City ona coming (No	St.;Ward)	[If deeth occurred in a hospitel or institution give its NAME losteat of street and number.]
2 FULL NAME SENTE MU an		er on out and manner.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
Male White the word	16 DATE OF DEATH (Month)	) 1913 (Day) (Year)
DATE OF BIRTH	17   HEREBY CERTIFY, That I atte	nded deceased from
June 27 1913	1913, to 40	1913.
(Month) (Day) (Year)	that I last saw ham alive on Only	317 ,1913
7 AGE It LESS than	and that death occurred on the date stated about	ve, at 1030 Pm.
t day,hrs.	The CAUSE OF DEATH * was as follows:	7
mos. 6 ds.   OR mio. ?	1 1	4-
(a) Trade, profession, or	muling both	8 (8 mw)
Particular kind of Work		
(b) General nature of Industry, business, or establishment in	(Doration)yr	2 mac de
which employed (or employer)	Contributory (previleis	,
State or country)	(Secondary)	
10 NAME OF ATHER	(Signed) (Signed) (Signed) (Signed)	sds. 4 ds.
11 BIRTHPLACE	040-12, 1913 (Address) X office	comine
(State or country) on a commy	*State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2)	aths from Violett
of Mother Mary & Snikers	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTI	1000
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yr	
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	3. man 1843 115.
Informant, Rannel floan	If not at place of death?	MBA8 + 8 A 0 9 MQ 4 AAA m 48 E 44 QQ M 18 Q 40 A 44 A 44 A 44 A
Vonegani	19 PLACE OF BURIAL OF REMOVAL DATE	
(Address)	1011.1	F OF BURIAL
Filed left 3 1913 for Queloch	20 UNDERTAKER ADE	RESS
REGISTRAR	a Willy Conaconi	
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1	/

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malty. oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 4 1913
BUREAU, V. S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
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DATE OF BIRTH

BOCCUPATION (a) Trade, protession, o

14 THE ABOVE IS

Village or City Assal

12068 (No.118 E	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Day (Year)  It LESS than 1 day,	16 DATE OF DEATH  Suff.  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from aug.  1913, to suff.  1913, to suff.  1913, that I last saw here alive on suff.  The CAUSE OF DEATH* was as follows:  Suff.  Gray  (Year)  1913  1913  1913  1914  1915  1915  1915  1916  1917  1918  1918  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1919  1
	Contributory & Laurelier Secondary

(a) pa (b) bus	Trade, protession, or riticular kind of work
9 BIRTHPLACE (State or country)	
PARENTS	10 NAME OF Wan Hassaman
	11 BIRTHPLACE OF FATHER (State or country)
	12 MAIDEN NAME Slankelle Brunsman
	13 BIRTHPLACE OF MOTHER (State or country)
	(Informant) (Address) (Address)
15	1050

1 PLACE OF DEATH

2FULL NAME. PERSONAL AND STATIST

4 COLOR OR RACE

7.0....yrs.......

Month

usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

In the

1913 (Address) Circul

UNDERTAKER

ADDRESS

State ..... yrs, ____ mos. ...

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Signed)

At place

Former or

of death ...... yrs. ..... mos. .....

Where was disease contracted. It not at place of death?....

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second duties of the household only (not paid Housekeepers statement. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: IENT DEATHS State MEANS OF INJURY and qualify as "Heart failnre," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which snrgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Chronic interstitial nephritis, State cause for



RECORD PERMANENT BINDING 4 2 00 INK-THIS RESERVED UNFADING MARQIN WITH PLAINLY. WRITE

8. No.

12069 1 PLACE OF DEATH should in is OCCUPATION PHYSICIANS Village or City (No. * FULL NAME Jo PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH uns classified. (Month) (Day) (Year) 7 AGE If LESS than should f day, ..... hrs. OR ..... min. ? property 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry, business, or establishment in which employed (or employer) ----oarefully sur that it me f certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 to 99 plain terms, stions on back OF FATHER (State or country) ARENTS should 12 MAIDEN NAME OF MOTHER Instructions of information 13 BIRTHPLACE ڃ OF MOTHER (State or country) See Instr 14 THE ABOVE IS TRUE TO KNOWLEDGE CAUSE OF Important. S 15 ø REGISTRAR L.N. Markewood (?) ż

If more blanks are needed, address State Registrar/ & E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St:.....Ward)

Ilt death occurred in a hospital or institution. give its NAME instead of street and number. 1

MEDIC	CAL CERTIFIC	CATE OF	DEATH	
18 DATE OF DEATH	Se	fonth)		, 1913 (Year)
	EBY CERTIF	Y, That I at	tended dec	eased from
Cept 13	, 191.J, to	Sept.	15	, 1913
hat I last saw him.	alive on	sept	18	, f91 <u>-</u>
the CAUSE OF DEAT	H * Was as to	llows:	ove, at7.	:30 9 ,
Gontributory(Secondary)	(Dura	tion)	yrs. / n	DSd
Signed) 24-74 (pt /6 , 1913	Majura (Address)	velf	yrs. m	osd , M. (
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF H	EANS OF INJU	ATH, or, in JBY; and (	deaths from 2) whether	VIOLENT Acciden-
18 LENGTH OF RESID OR RECENT RESIDENT At place of deathyrs Where was disease contract If not at place of death? Former or usual residence	nos ds. ed,	In the State		
Usw Crss	OR REMOYA	Va. Ste	1	7, 191\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
20 UNDERTAKER		7	DDRESS '	

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as Servant, Cook, Housemail, etc. If the occupation has who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho receive a definite saiary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DIBEABE CAUSING REATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purrerran septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g. by curbolic acid-probably suicide. The nature of the dent: Revolver seound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras. thenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for maily-The contributory (secondary or intercurrent) "Tuerperal peritonitis," telanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of etc. State cause for (name origin; "Can-Never report Examples: For vio-



state

3 SEX

7 AGE

ARENT

15

Important.

m

ż

No.

8 DATE OF BIRTH

8 OCCUPATION

(a) Trade, profession, er

particular kind of work (b) General nature of Industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

TRUE TO

1913

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address'

business, or establishment in

which employed (or employer) .....

4 COLOR OR RACE

(Month)

Lore

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

S SINGLE,

WIDOWED.

ORDIVORGED (Write the word)

(Day)

BEST OF MY KNOWLEDGE

If death occurred in a hospital or lostitution. give its NAME instead of street and number. 7

PERSONAL AND STATISTICAL PARTICULARS

(Year)

If LESS than

1 day, ....hrs.

OR ..... ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin 8t, Balto. Requesting V. S. No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH of len	Tev	130	191
	(Month)	(Day)	(Year)
1 HEREBY CER 191-3 -, 1913.	-	attended dec	eased from
that I last saw h alive on	//	30	, 191 3
and that death occurred on the	date stated	above, at	, 30 m
The CAUSE OF DEATH* was a			
1st 2nd fegree		s me	
Contributory Deco	(Duration)	yrsm	1 .
(Signed) 7 9,	Ma	***********************	, M. D.
State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, INJURY; and	In deaths from	VIOLENT ACCIDEN-
16 LENGTH OF RESIDENCE (FOR RECENT RESIDENTS) At place of death yrs mos the place of death yrs mos the place of death? former or usual residence aus for the place of death?	In the	yrs., n	,
19 PLACE OF BURIAL OR REM	Syay (	//	JRIAL, 191.3.
-YUNDERZAKER	1	ADDRESS	

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, lrrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, beginning of Ill-As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pureperal septicharlnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustlon," Never report Examples: For VIO-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

'PLACE OF DEATH 12072	STATE OF MARYLAND
County allemy de Comment	CERTIFICATE OF DEATH Registration Dist. No
Village or City Ulmels # 7 (No	St.; Ward)  [If death occurred a hospital or Institution of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH    So   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191
(Month) (Day) (Year)  AGE If LESS than 1 day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	that I last saw h alive on 191 and that death occurred on the date stated above, at 3 a reference of the Cause of Course of Cause
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  State or country)	(Buration) yrs mos d
10 NAME OF FATHER CLOSE SUPPOSED IN 11 BIRTHPLACE OF FATHER (State or country) Sufficiency of Mother OF Mo	(Signet)  (Signe
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or
(Address) Affiological Land Later Filed Octo / 1913 F A Charles  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MACANO SEMENTARIA  20 UNIDERTARIA  DOUBLESS  DOUBLESS  DOUBLESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISTABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in a hospital or institution, give its NAME Instead

of street and number. ]

MEDICAL CERTIFICATE OF DEATH

16 DATE	OF DEATH Se	bh 4		1913.
		(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	i attended de	ceased fron
Sep	4.2	13, to Se	W4	1913
that I last	saw h. A. all	ve on Sala	ST	, 191 3
and that d	eath occurred o	n the date stated	above, at	5. a.m
The CAUS	e of DEATH*	was as follows:		1
fell		ce string	Poneto	rrietu
Myer	1 - Mys	ing way to	ha opple	erik.
700	. 50	(Duration)	yrsn	nos 14 ds
Contril	butory		· · · · · · · · · · · · · · · · · · ·	

(Address) Que *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

i	18 LENGTI	H OF RE	SIDENCE DENTS)	(FOR F	IOSPITALS,	INSTITUTIO	NS, TRANS	IENTS
H	At place				In the			
П	of doath	wee		4.	OA-A-			

State ..... yrs. mos. Where was disease contracted.

If not at place of death? Former or

(Signed)

REGISTRAR

usual residence.

OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritynaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerferal septichaecause. Always qualify all diseases resulting from thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

W. B. No. 1.

PLACE OF DEATH 12074	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty College and	Registration Dist. No. 10
Village or City West Bruelly (No. No. No. No. No. No. No. No. No. No.	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH  ALL  13, 1869	16 DATE OF DEATH (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from 191.3, to 26, 191.3, that I last saw has alive on 26, 191.3
(Month) (Day) (Year)  AGE    If LESS than   1 day,hrs.   ormin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, er particular kind ef work.  (b) General nature ef industry, business, or establishment is which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary) Share  (Deration) yrs. mos. ds.
10 NAME OF FATHER DINKING  11 BIRTHPLACE OF FATHER (8tate or country)  12 MAIDEN NAME OF MOTHER DINKING	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Weighted the state of the sta	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Interment)  (Address)  (Address)	19 PLACE OF BURIAL OR REMOVAL  Pairies Pa State  20 UNDERTAKER  20 UNDERTAKER  Control  Contr
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scplicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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	Em	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	important. See instructions on back of certificate
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	N. B Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state		

Village or City Cumberland, No. 87	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred in a hospital or institution, give its NAME instead
* PULL NAME 6 mily We	nrick of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  Seft. 14, 1913, to Sefts 15, 1913
May 27, 1844 (Month) (Day) (Year)	that I last saw h alive on Selft 15 1913
7 AGE  6 8 yrs. 3 mos. / 9 ds. OR	and that death occurred on the date stated above, at 4300 m, The CAUSE OF DEATH* was as follows:  Or quicis Heart Descent
8 OCCUPATION (a) Trade, protession, or particular kind of work.  **Trade, protession, or particular kind of work.**	
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Munatorial Allegamy bounts	Contributory Cult Delet les for (Secondary)
10 NAME OF FATHER OF MELECTRES  11 BIRTHPLACE (State of Jounty) Aspington Connty	(Signed)
13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE 15 TRUE TO THE BEST OF WE KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) exqet Elosses (Address) I Decatus	Former or usual residence
Filed SEP 17 1918 Selecting Fragestran	Plinstone allegan lagent Seft 18, 1913. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purpresal scptichar-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig by carbolic acid-probably suicide. The nature of the oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can death), 29 ds. "Exhaustion," Examples: For vio-



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1 PLACE OF DEATH STATE OF MARYLAND 12076 CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or Institution. give Its NAME Instead of street and number. I ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 191 WIDOWED (Write the word) (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from 191....., to (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day.....hrs. ..... 20m.... OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employor) ...... 9 BIRTHPLACE Contributory .... (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or /eountry) of death _____ yrs. ____ mos. ___ ds. State ..... yrs. ____ mos. .... Where was disease contracted. 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Informant) usual residence. MACE OF BURIAL OR REMOVAL 20 UNDERTAB

If more blanks are needed, address State Registrar, O.E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cated thus: CAUSINO NEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., ("Pncumonia." unqualified, is indefinite): Tubercu-Pneumonia"); causing neath (the primary affection with respect to "Croup";) brospinal fever (the only definite synonym is "Epidemic cercterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the nisease meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia Examples: Ccrebrospinal (avoid use of Carcin-

> 'oma, Sarcoma, etc., of..... mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory tctanus) Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Local Registrar, Combortant pad. 1872

A TRUE COPY.

CERTIFIED:

RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHY GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate. B ż

PLACE OF DEATH	12077	
County allegany		MARIE
Village or City Bart	(No.	

### STATE OF MARYLAND CERTIFICATE OF DEATH

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Registration	DIST.	NO automobilities

St.; Ward)

[If death occurred in a hospital or lostitution, give its NAME lostead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ex 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED OR BIVORCEO	16 DATE OF DEATH  (Month)  (Day)  (Year)
ATE OF BIRTH  July  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from any 29, 1913, to Supt 10, 1913.  that I last saw here alive on Supt 10, 1913.
GE  80 yrs. 2 mos. 5 ds. ORmin.?  CCUPATION ) Trade, protession, er ricular kind of work.  Housewife	and that death occurred on the date stated above, at 4 P m
less, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Lonacomy  ed Syt II , 1918 Da Boscher  REGISTRAR	Dak Hill Centley reacony 2/1 12, 1913.  20 UNDERTAKER  ADDRESS  Bartin

iApproved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," If the occupation has Farmer or Planter, As examples: "Foreman,"

losis of lungs, meninges, peritonaeum, etc... time and causation), using always the same accepted causing prate (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";); brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never unqualified, is indefinite); Tubercu-Examples: Cerebrospinal report "Typhoid Carcin-

> mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, ample: Mcastes (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent Always qualify all diseases resulting from may he stated under (Recommendations on statement of (name origin; "Can State cause for Never repor Examples: For vio-



PLACE OF DEATH 12078	STATE OF MARYLAND
County Allesant	CERTIFICATE OF DEATH
6. 411	, Registration Dist. No.
Village or City (No. 12/2,	Mard)  St.; Ward)  [If death occurred I a hospital or institution give lits NAME instead
FULL NAME Millsell	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that J last saw h & alive on Salar 13 - 1913
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work	Contra Contra
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 70 yrs. 4 mos. 240 ds.
BIRTHPLACE (State or country) Prostlement Mail	(Secondary)  (Secondary)  (Ografion)  (Ografion)  (Ografion)  (Ografion)  (Ografion)  (Ografion)
10 NAME OF Jamb Minnes	(Signed) (Signed) , M. D.
11 BIRTHPLACE OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
12 MAIDEN NAME OF MOTHER Wardusel Brothe	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinental, Suicinal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR BECTHE TRANSIENTS)
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(Interment) From Mrs. Mrs.	USUAl residence
Filed Lept 14 1913 Deriffith	Frostburg Mod. Sefet. 14191.3
REGISTRAR	to al Monkes it It

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

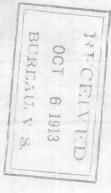
F. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulmine, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of : is less definite; avoid use of "Tumor" for maily The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can Never report Examples: For vio-



UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION Is very

may be properly classified. Exact statement

pinous

AGE

carefully supplied.

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Information

Item OF

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o

See Instructions on back DEATH in plain terms,

Important. CAUSE

RECORD

PERMANENT stated EXACTLY.

WRITE 0

12079 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registratio	on Dist.	No

St.;

Ilt death occurred in a hospital or lostitution. give its NAME lostead ot street and number. ]

1-NAROUNGOUS -2 FULL NAME

	PERSO	NAL AND	STATISTI	CAL P	ARTIGULA	RS
3 SI	valı /		OR RACE	WIDE	RIED, PWED, IVORCED of the word	mile
6 D	ATE OF BIRT	н	Aest (Month)		26 (Day)	, 1 9 13.
7 A	G E	styr	ee t	mos.	ds.	If LESS than  1 day,hrs.  ORmin. ?
(a	CCUPATION Trade, protession, rticular kind of wo					
(b) bus whi	General nature of iness, or established employed (or e IRTHPLACE tate or country	f Industry, shment in employer)	4.0		do	<u> </u>
(b) bus whi	General nature et iness, or establi ch employed (or e	f Industry, shment in employer)	llege	W	Brain	lug
(b) bus white	General nature einess, or establich employed (or entertable tate or country)	findustry, shment in employer)	llege	W	po rom	lug
(b) bus whi	General nature einess, or establich employed (or einestate or country)  10 NAME OF FATHER  11 BIRTHPLA	findustry, shment in employer)  y)  Acce ER ountry)	llege tis V	W, a	to row	lug

MEDIC	AL CERTIFICATE OF	DEATH	
18 DATE OF DEATH	July	26	. 1913
	(Month)	(Day)	(Year)
17 I HERI	EBY CERTIFY, That I	attended dec	eased from
	, 191, to		
hat I last saw h	. alive on		, 191
and that death occurre	d on the date stated a	above, at	
The CAUSE OF DEAT			
ATI	Low &	lula	
	6	nun	
	(Doration)	Vre m	ne de
(Secondary)		************	
	(Doration)	yrsm	iosds

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF	RESIDENCE (F	OR H	SPITALS, INS	TITUTIONS	, TRANSIEN	TS
At place ot death yrs. Where was disease	mos.	ds.	in the State	yrs	mos	ds

26, 191.3 (Address)

Former or

usual residence	and the same of make	
19 PLASE ST SU	BUNEVOR MENGYKE	DATE OF BURIAL
March	Ul Speines.	· JeM27191
20 UNDERTAKE	41/19	ADJRESS
Y. Allan	Les Yulles	So. To
	- and the	W. C. L. C.

If more blanks are needed, address State Registrar, 6 E. Franklin St., F. to., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid .Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write Nonc. ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral scpticharby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronii cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: cause for



County Colle Pary	CERTIFICATE OF DEATH
County	Registration Dist. No. 8
Village or City Small (No. 2 PULL NAME Infant Molf	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married windle (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Seft 26, 1913  (Month) (Day (Year)	that I last saw h
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	7 months
business, or establishmenf in which amployed (or employar)	(Duraflon) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary (Duration) yrs mos ds
of 11 BIRTHPLACE	(Signed) frames Q. Mulluck, M. D. Left 23, 1917 (Address) massing.
(State or country) (Russia)  12 MAIDEN NAME OF MOTHER Rachel High show it a	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ressession	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Desires Wolf	Where was diseasa contracted, If not at place of death?  Former or usual residence
(Address). On Bullack	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FUNCTION Cemeter Curbology Sept 24, 1913
Flied 4 2 3 , 1913 4 Villo CI	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

12080

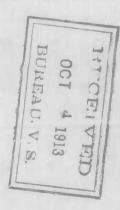
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Never report



[Approved by U. S. Census and American Public Health
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